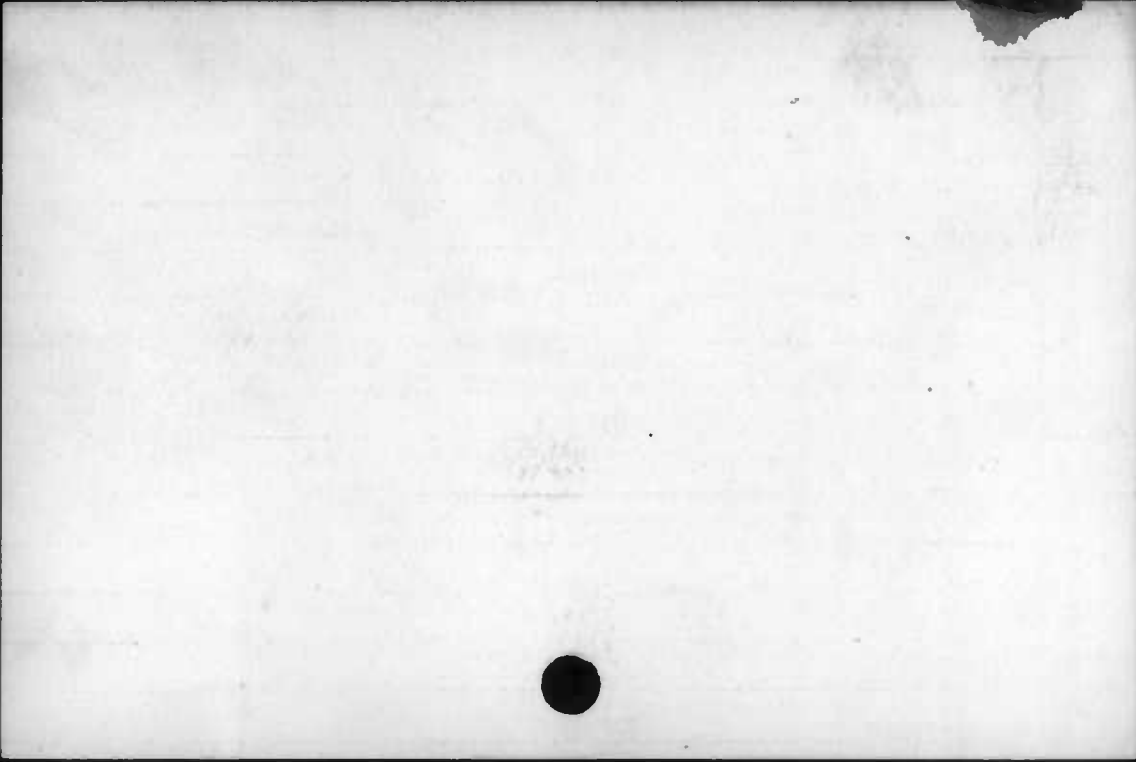


Name in Full		George Aulaskey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>So. Balto</u> -		Town <u>a. a.</u> -		County	
		Date of death <u>1908 Dec</u>		Month <u>3</u> Day <u>38</u>		Age <u>38</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Poland</u>	
		Occupation <u>Laborer</u>		Where Residing if not at place of death			
		Married, <u>Yes</u>		Name of Wife or <u>Malecar Aulaskey</u>			
PHYSICIAN OR CORONER		Father's Name <u>Unknown</u>		Father's Birthplace <u>Poland</u>			
		Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Poland</u>			
		Name of person giving information <u>Malecar Aulaskey</u>		How related to deceased <u>Wife</u>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Ran over by Coal Car</u>		How long <u>at once</u>			
		Immediate <u>Internal Hemorrhage</u>		How long <u>at once</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo. B. Horton Jr.</u>			
				Address <u>So. Balto, Md.</u>			
		Accident <u>Yes</u>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

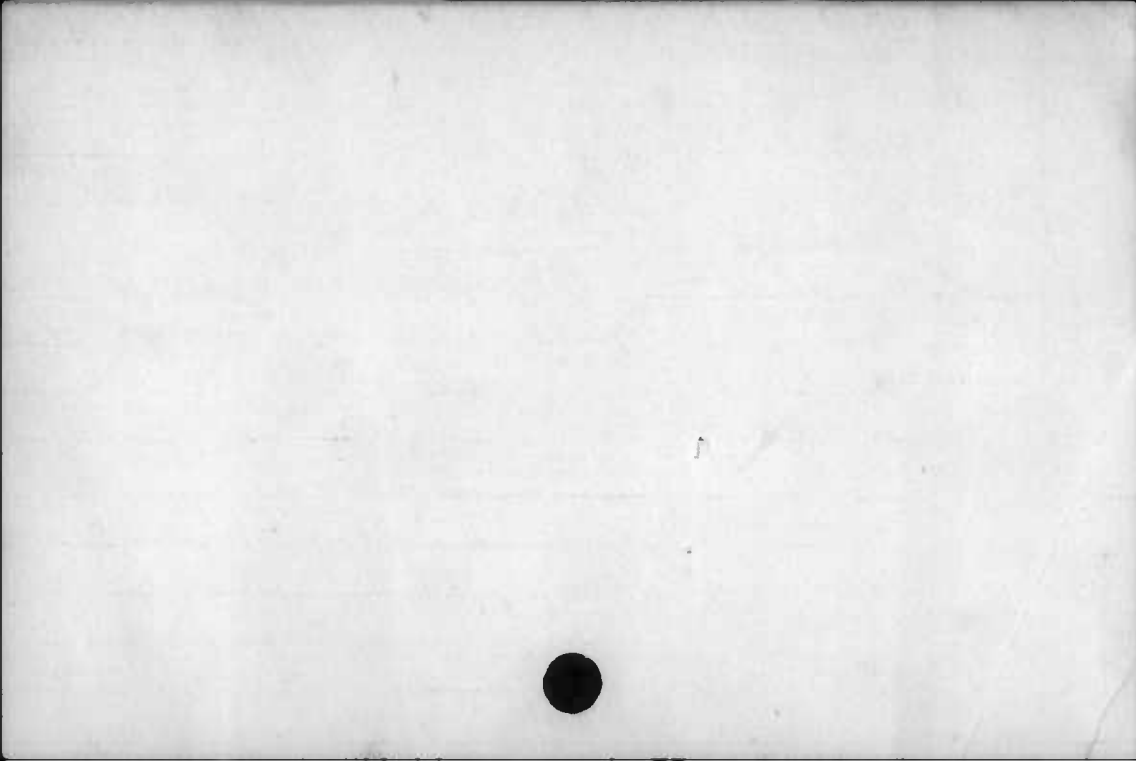
Name in Full <i>Rachel Elizabeth Beasley</i>		Town <i>Severn</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Severn</i>		Month <i>12</i>		Day <i>6</i>		Years <i>79</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>6</i>		Age <i>79</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>3</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>3</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Beasley</i>					
Father's Name <i>Thomas S. Disney</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rachel Deever</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lda Disney</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial nephritis</i>	How long <i>2 yrs</i>
Immediate <i>uraemic Coma</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. A. Hammond</i>
	Address <i>Jessup, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

George Brooks

## CERTIFICATE OF DEATH

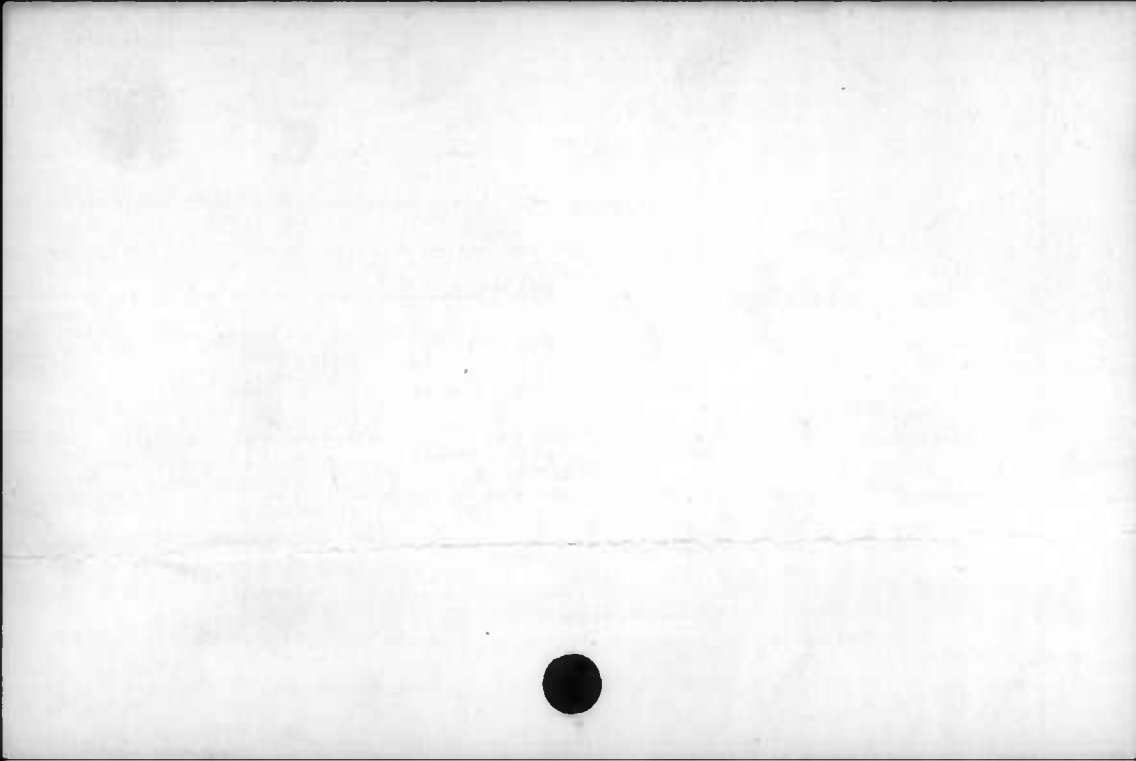
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Valisbury</u> <sup>Town</sup>		<u>C. A.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Dec.</u> <sup>Month</sup>	<u>2</u> <sup>Day</sup>	Age <u>64</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>B.</u>		Birth-place <u>C. A. Co. Md</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Charlotte Taylor</u>			
Father's Name <u>Do not know</u>			Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name <u>"Geo" Brooks</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Geo. Brooks</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 wks -</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. B. Gault</u>
	Address <u>Millersville Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

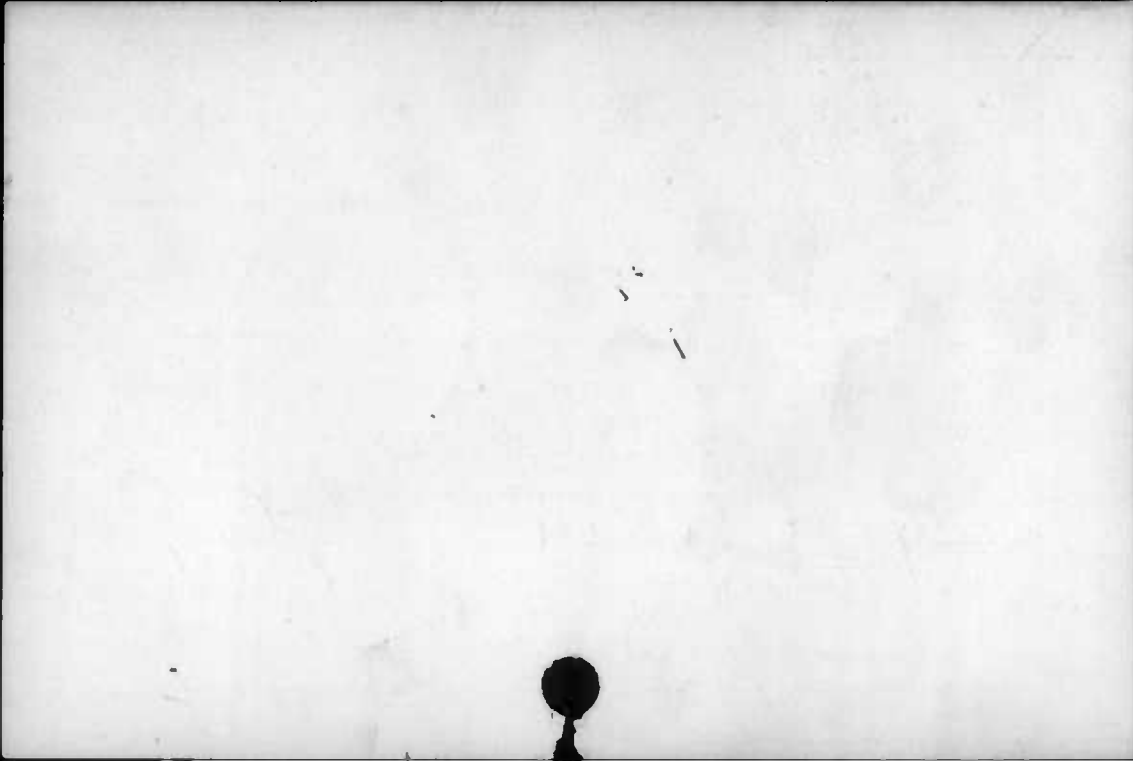
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>2nd. district</i> Town		<i>Anne</i> County		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> Month	<i>1</i> Day	Age <i>3-8</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Virgil O. Carr</i>				
Father's Name <i>Elisha Howes</i>			Father's Birthplace <i>Calvert Co. Md.</i>		
Mother's Maiden Name <i>Elizabeth Arniger</i>			Mother's Birthplace <i>Anne Arundel Co. Md.</i>		
Name of person giving information <i>Virgil O. Carr</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>One year</i>
Immediate <i>Ischemia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells</i>
<i>yes</i>	Address <i>Annapolis, Maryland</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Wm D. Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

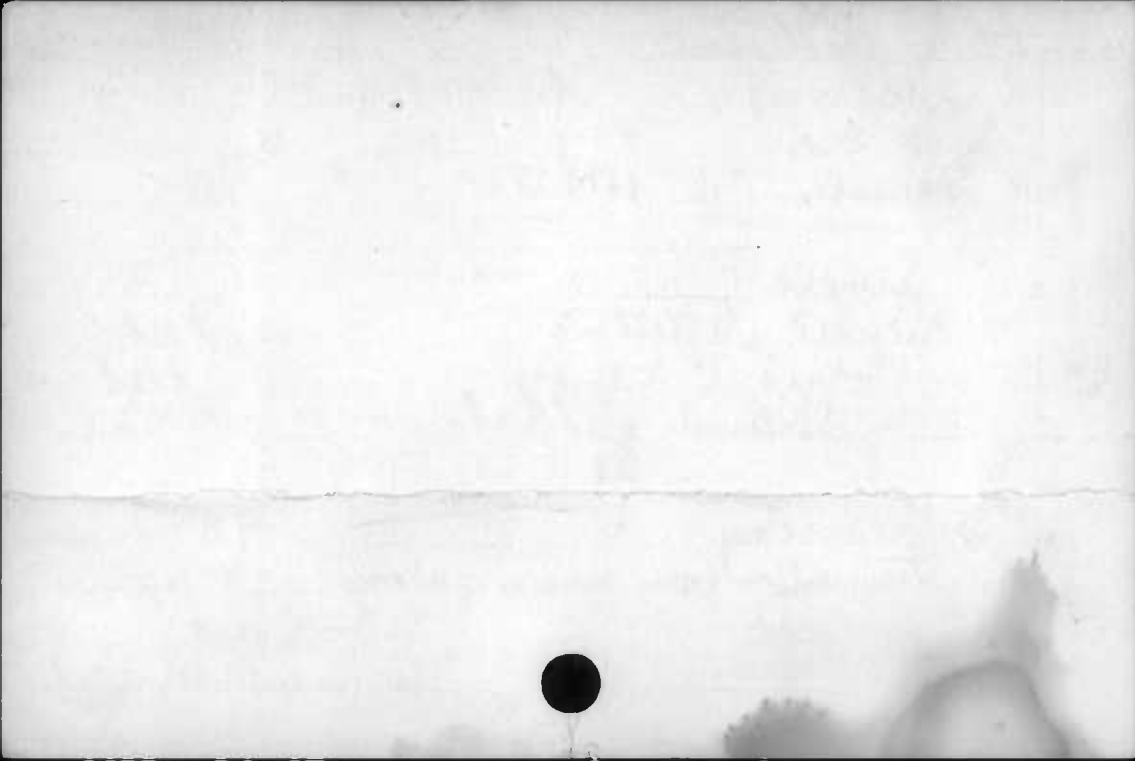
Died at <i>Watubury</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>Dec.</i> Day	<i>8</i> Age	<i>81</i> Years	Months Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>May R. Lancaster</i>		
Father's Name	<i>Wm. A. Carr</i>		Father's Birthplace <i>Barf. Co. Md</i>		
Mother's Maiden Name	<i>Do not know</i>		Mother's Birthplace <i>Barf. Co. Md</i>		
Name of person giving information	<i>Amos Carr</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>10 wks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. B. Gant</i>	
		Address	
		<i>Millersville</i>	
Cause of Suicide?			



Name  
in  
Full

Hitty Catterton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

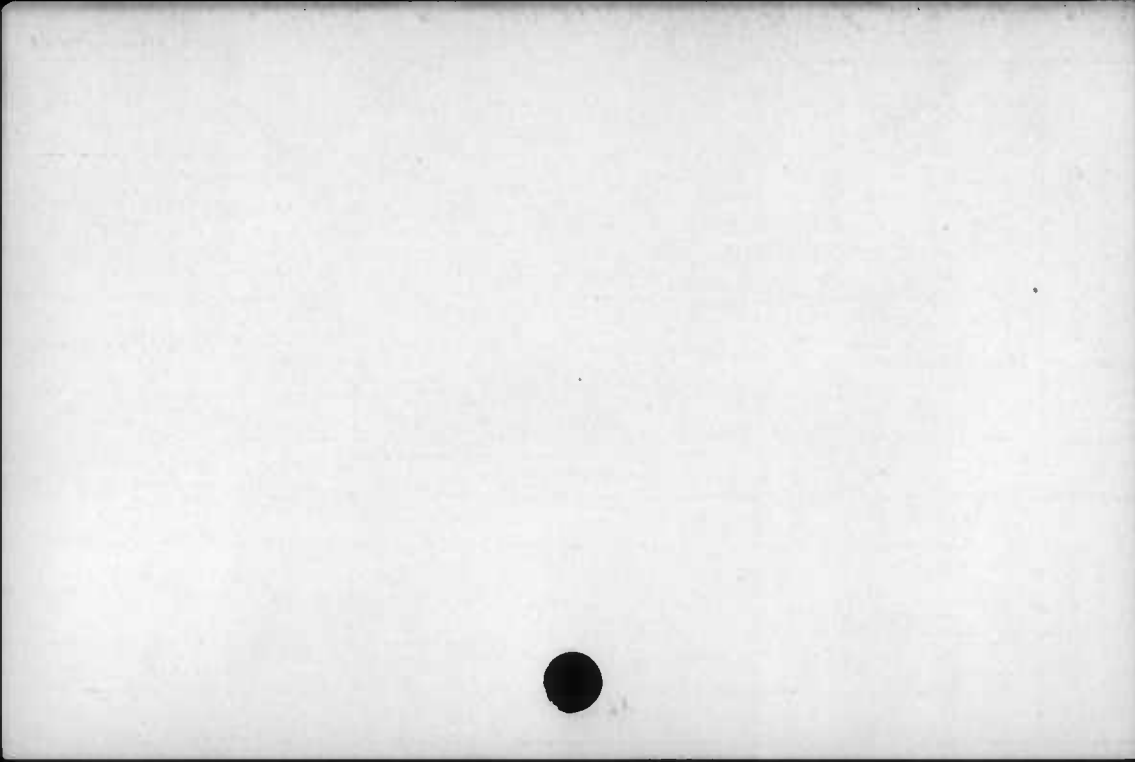
Died at <u>McKendree</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Dec.	Day	9
Age	6	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard Catterton			Father's Birthplace	Md.
Mother's Maiden Name	Carrie Chaney			Mother's Birthplace	Md.
Name of person giving information	Richard Catterton			How related to deceased	Father.

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	Pleurisy	How long	4 weeks.
Immediate	Strangulation from rupture of abscess	How long	8 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. H. Perrie.
		Address	McKendree, Md.
Accident or Suicide?			



Name  
in  
Full

Eliza R. Chaney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

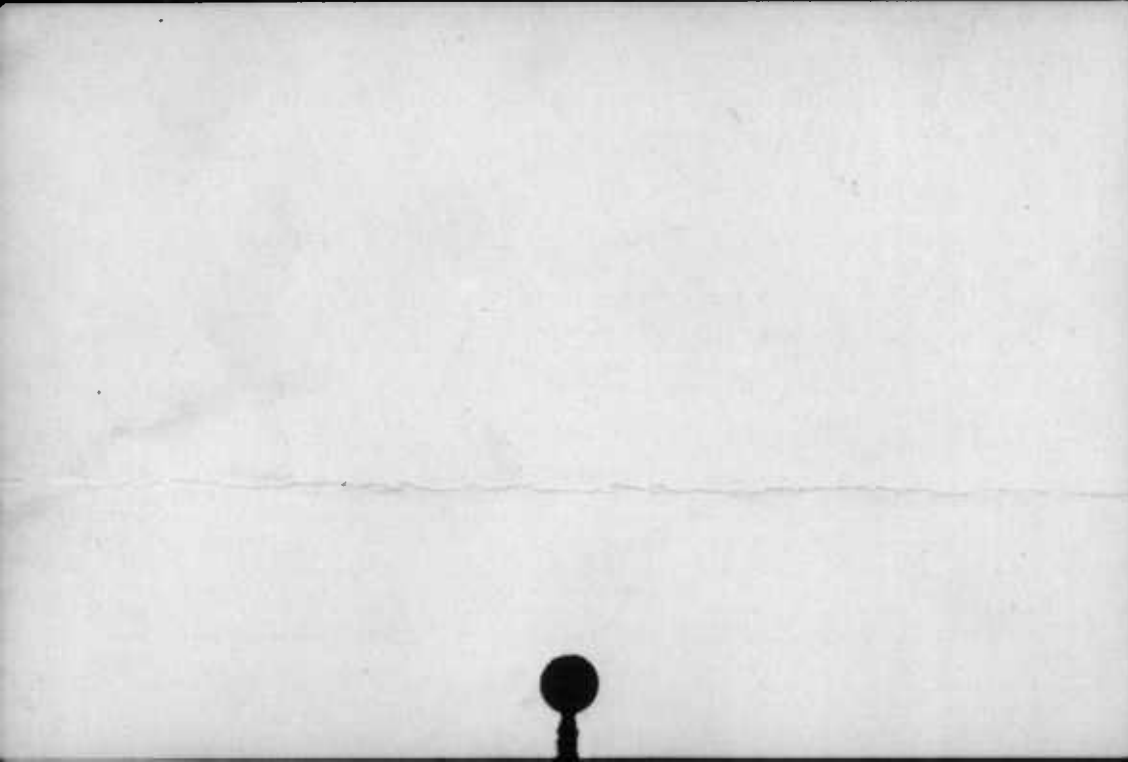
Died at <i>near Conowingo</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1908 Dec 8</i>		Month <i>8</i>	Day <i>8</i>	Age <i>24</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A. A. C. M.</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Alfred R. Chaney</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Amelia Brown</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Clinton Carr</i>	How related to deceased <i>Brother-in-law</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>7</i>
Immediate	<i>Heart Depression</i>	How long <i>48</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sam H. Anderson M.D.</i>
		Address <i>Woodwardville Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Chaney

Died at Hilsmere Town Anne Arundel County MARYLAND

Date of death 1908 Month Dec Day 12 Age        Years        Months        Days       

Sex male Color or Race white Birth-place       

Occupation        Where Residing if not at place of death       

Married, Single or Widowed       Name of Wife or Husband       

Father's Name

Geo W. H. Chaney

Father's Birthplace

A. A. Co. Md

Mother's Maiden Name

Nellie Waters

Mother's Birthplace

Washington D.C.

Name of person giving information

Geo W. H. Chaney

How related to deceased

Father

## CAUSES OF DEATH

⑧

PHYSICIAN  
OR CORONER

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

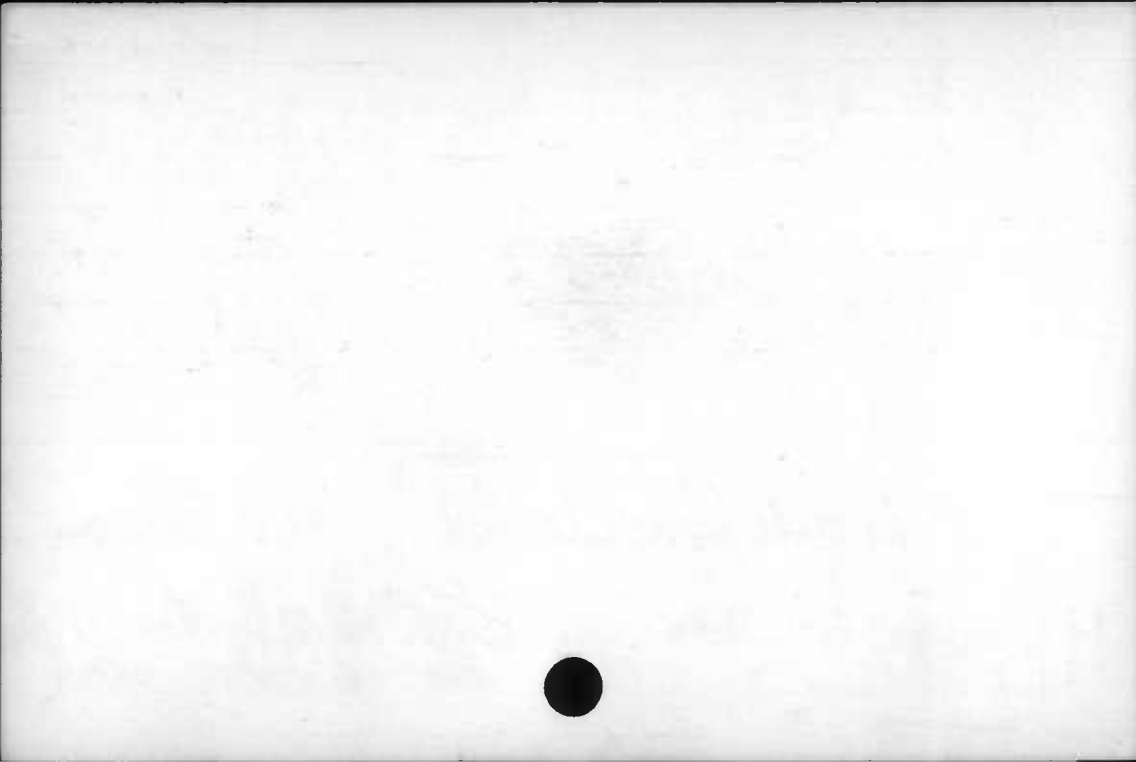
yes

Signature of Physician

Jms Welch

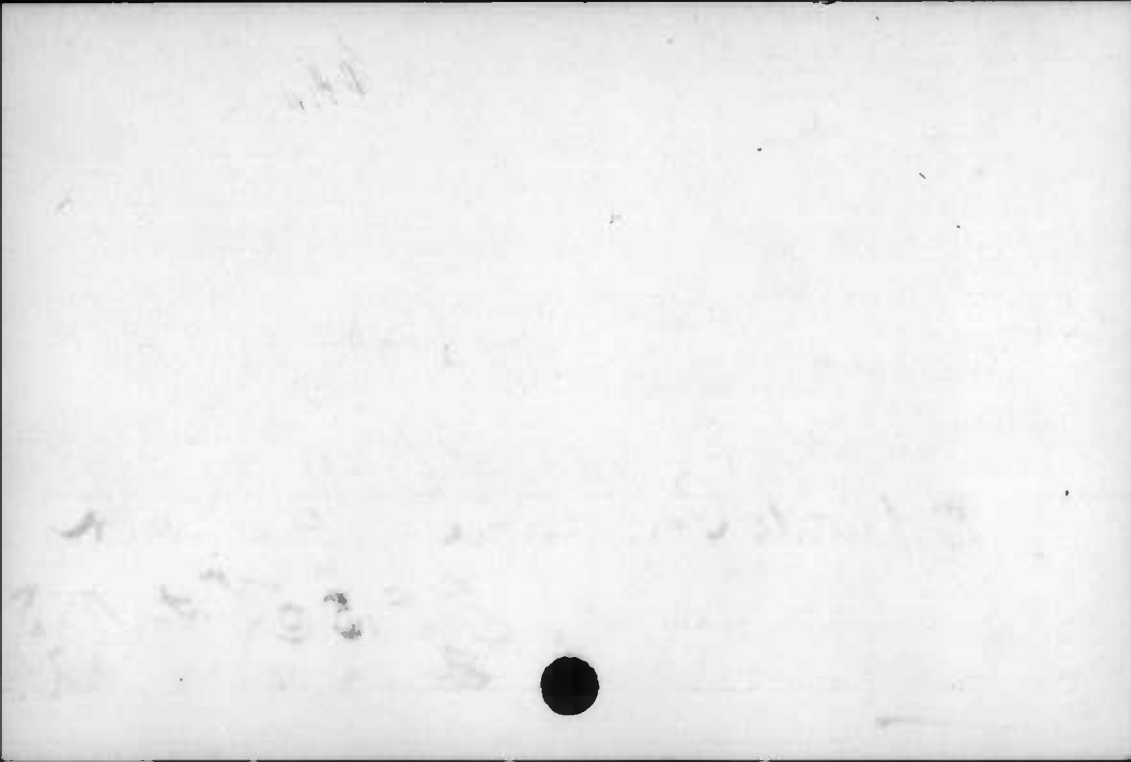
Address

AnnapolisAccident or Suicide





Name in Full		Martha Clanton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fairfleece		A A		MARYLAND
	Date of death		1908 Dec 19		Age 1		
	Sex		Female		Color or Race		Colored
	Occupation				Birth-place		Wd
	Where Residing if not at place of death						
	Married, Single or Widowed		-		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Garfield Clanton		Father's Birthplace		N. C.
	Mother's Maiden Name		Jane Herring		Mother's Birthplace		Wd
	Name of person giving information		Garfield Clanton		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Infantile Convulsions		How long		One hour
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. B. Korton M.D.
					Address		So. B. City, Md.
Cause of Suicide?							



Name  
in  
Full

Fannie Crampton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Davidsonville</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>42</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Davidsonville</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
<del>Married</del> , Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name <i>Abel Crampton</i>			Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Anny Crampton</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. B. Davidson</i>
	Address <i>Davidsonville Md</i>
Accident or Suicide?	



Name  
in  
Full

William Abraham Curry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

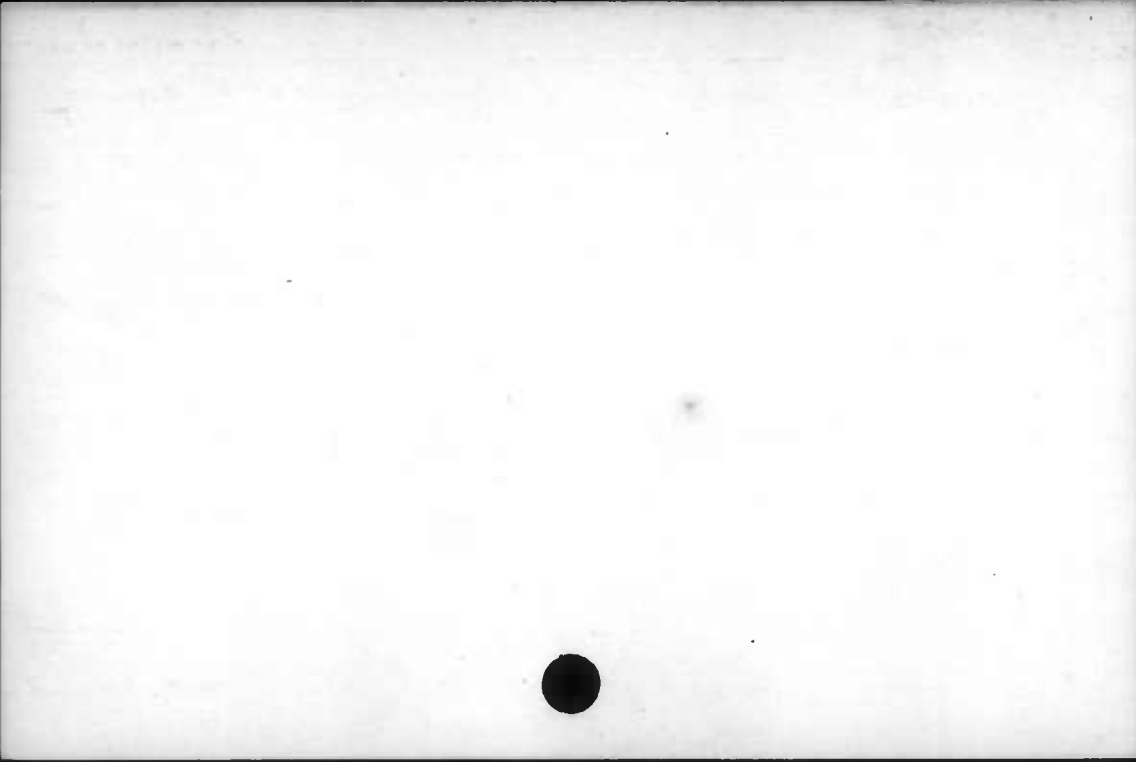
Died at <i>Marley</i> <sup>Town</sup>		<i>Ann Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Dec	Day	1
Age	—		Years	7	Months
Sex	Male		Color or Race	color	
Occupation	non		Birth-place	<i>Marley</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		—			
Father's Name		<i>Alford Curry</i>		Father's Birthplace	
				<i>Marley</i>	
Mother's Maiden Name		<i>Emma Franklin</i>		Mother's Birthplace	
				<i>Marley</i>	
Name of person giving Information		<i>Laura Booz</i>		How related to deceased	
				<i>Sister</i>	

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Teething</i>	How long	<i>2. 11 hr</i>
Immediate	<i>Spasm</i>	How long	<i>3. Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thomas H. Brown</i>	
		Address	
		<i>Anniger. a. b. c.</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

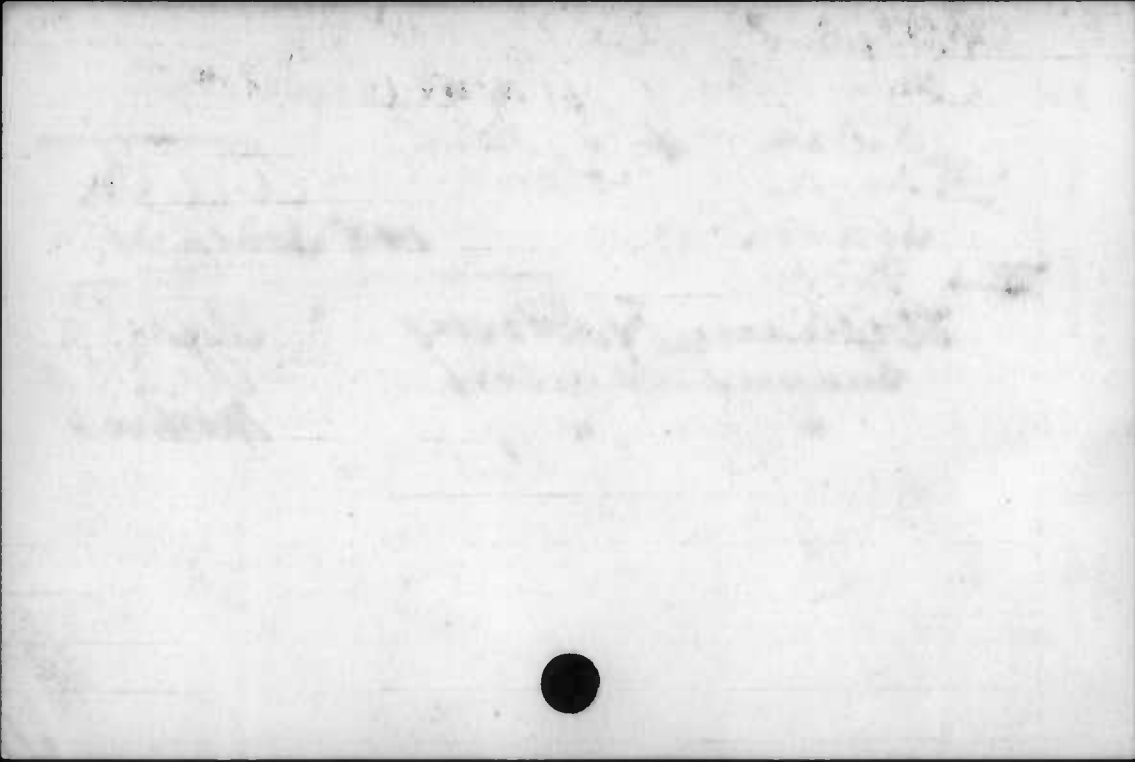
Died at		Town		County		MARYLAND		
Date of death		1908	Dec	10	Age	14	Months	Days
Sex	Female		Color or Race	Colored		Birth-place	Annapolis	
Occupation	School Girl		Where Residing if not at place of death		127 Academy			
Married, Single or Widowed	single		Name of Wife or Husband					
Father's Name	William Dockrins				Father's Birthplace	A. O. O.		
Mother's Maiden Name	Agnes Anderson				Mother's Birthplace	A. O. O.		
Name of person giving information	Agnes Payne				How related to deceased	Aunt		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	months
Immediate	Asthenia	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ambrose Garcia M.D.	
Address		126 Bay St	
Accident or Suicide?			





Name  
in  
Full

Alnet Worsley

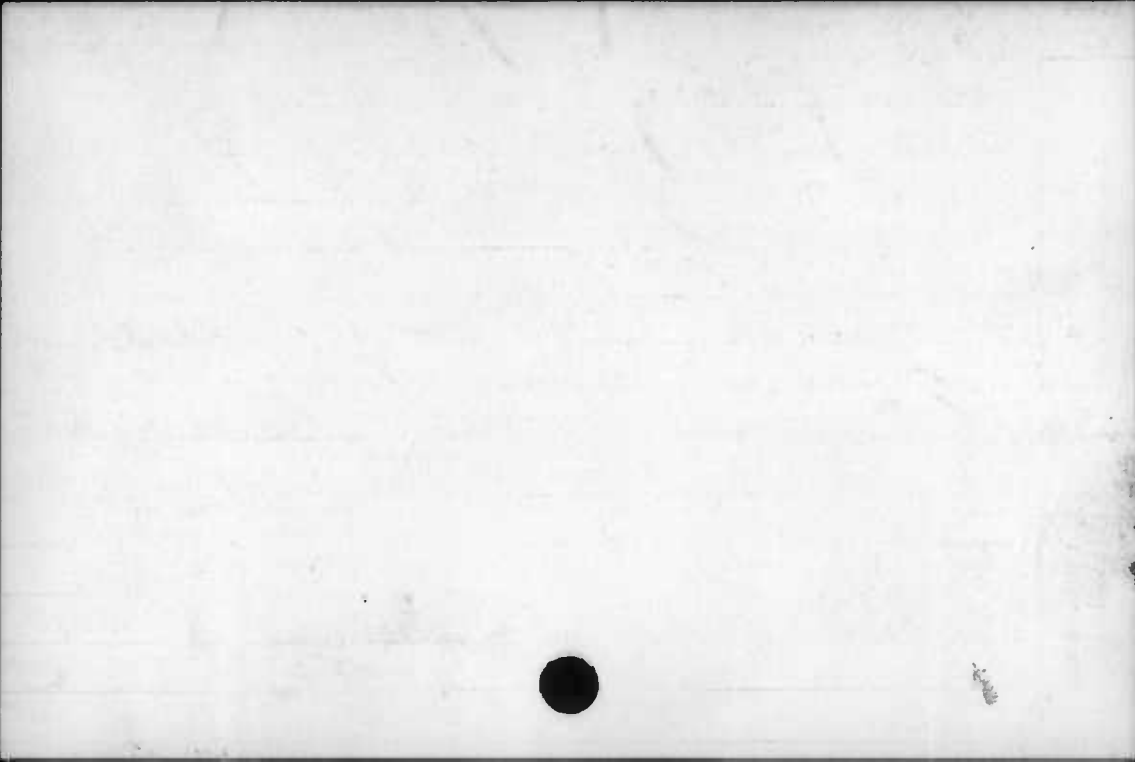
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ann Arbor, Mich</i>		Town <i>Ann Arbor</i>		County <i>Washtenaw</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Dec</i>	Day <i>20</i>	Age <i>11 yr</i>	Years	Months <i>2</i>	Days
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. C. D. Ind</i>			
Occupation <i>School</i>		Where Residing if not at place of death <i>146 South St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George T. Worsley</i>		Father's Birthplace <i>Colbert Co. Md</i>					
Mother's Maiden Name <i>Maggie Owens</i>		Mother's Birthplace <i>A. A. C. D</i>					
Name of person giving information <i>Maggie Worsley</i>		How related to deceased <i>Mother</i>					
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>14 days</i>
Immediate <i>Laryngeal Stenosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. P. Reeve</i>
	Address <i>60 Cathedral St.</i>
Accident or Suicide? <i>no</i>	<i>Ann Arbor, Mich</i>



Name  
in  
Full

Arina Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

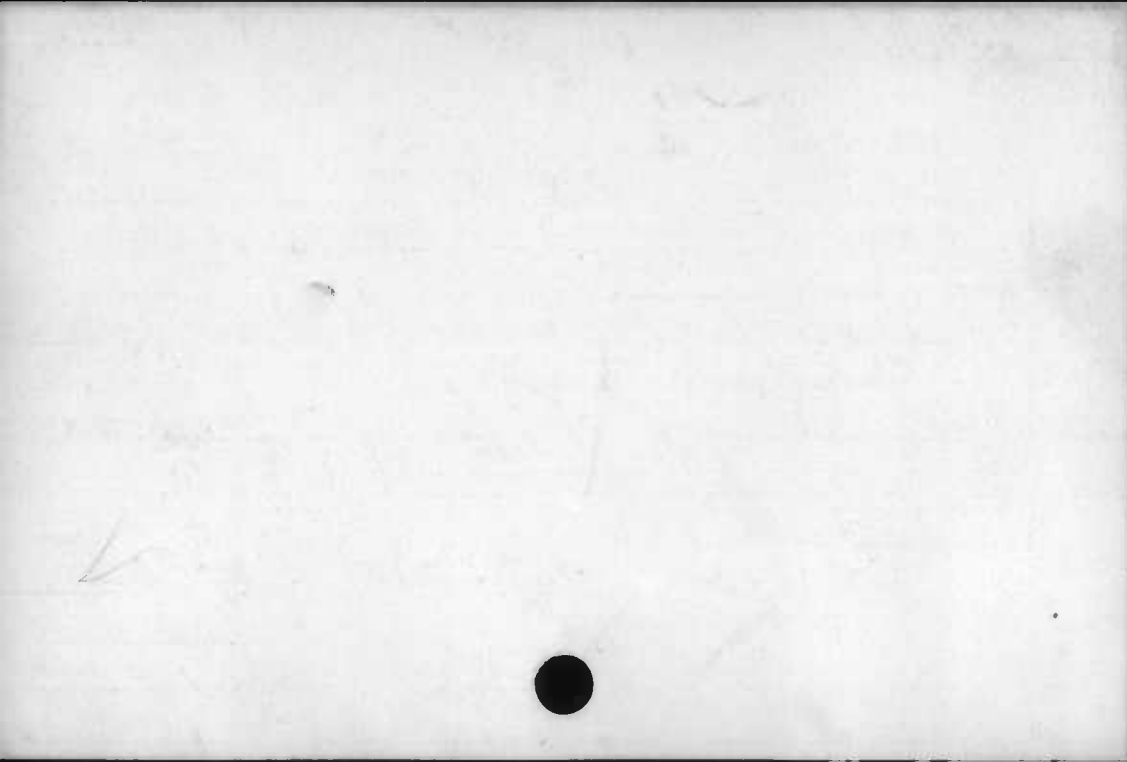
Died at <u>Annapolis</u> <sup>Town</sup> <u>Anne Arundel</u> <sup>County</sup> <u>MARYLAND</u>	
Date of death <u>1908 Dec 4</u> <sup>Month</sup> <u>4</u> <sup>Day</sup> <u>Nine</u> <sup>Years</sup>	<u>Months</u> <u>Days</u>
Sex <u>Female</u> Color or Race <u>Colored</u>	Birth-place <u>A A Co, Md</u>
Occupation <u>School Girl</u>	Where Residing if not at place of death <u>148 South St.</u>
<u>Single</u> <sup>Married, Single or Widowed</sup> <u>Child</u>	Name of Wife or Husband
Father's Name <u>William H. Dorsey</u>	Father's Birthplace <u>A A Co Md</u>
Mother's Maiden Name <u>Susan Ridgely</u>	Mother's Birthplace <u>A A Co Md</u>
Name of person giving information <u>"</u>	How related to deceased <u>Wife</u>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Four days</u>
Immediate <u>Cardiac Failure</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name  
in  
Full

Abraham Dugster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

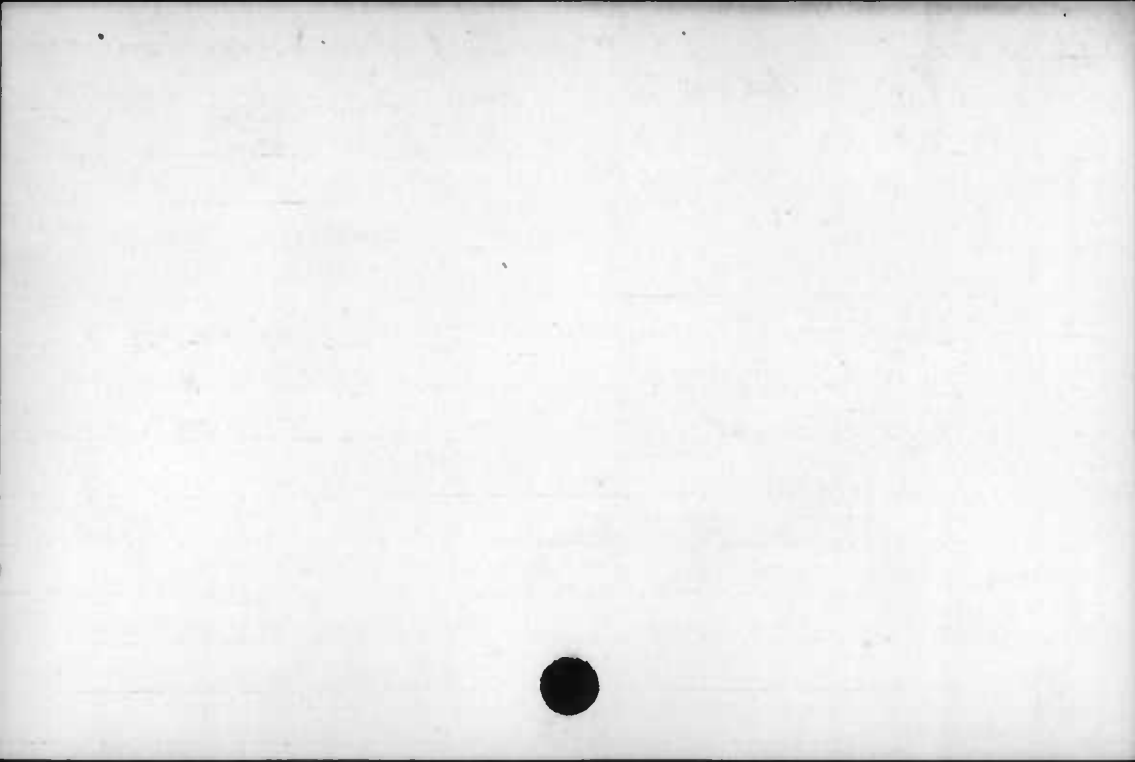
Died at <u>Annapolis</u> Town		<u>Ann</u> County		MARYLAND	
Date of death	1908	Month	Dec	Day	29
Sex	Male	Color or Race	Colored	Age	4
Occupation			Birth-place	<u>Annapolis, Md</u>	
Where Residing if not at place of death			<u>149 South St.</u>		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
<u>Mr. J. Dugster</u>		<u>Annapolis</u>			
Mother's Maiden Name		Mother's Birthplace			
<u>Abnera Jennings</u>		<u>"</u>			
Name of person giving information		How related to deceased			
<u>Martha Jennings</u>		<u>Sister</u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>4 days</u>
Immediate	<u>Heart failure</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Ambrose Garcia M.D.</u>	
		Address	
		<u>126 Lay St.</u>	
Accident or Suicide?			



Time  
in  
Full

## CERTIFICATE OF DEATH

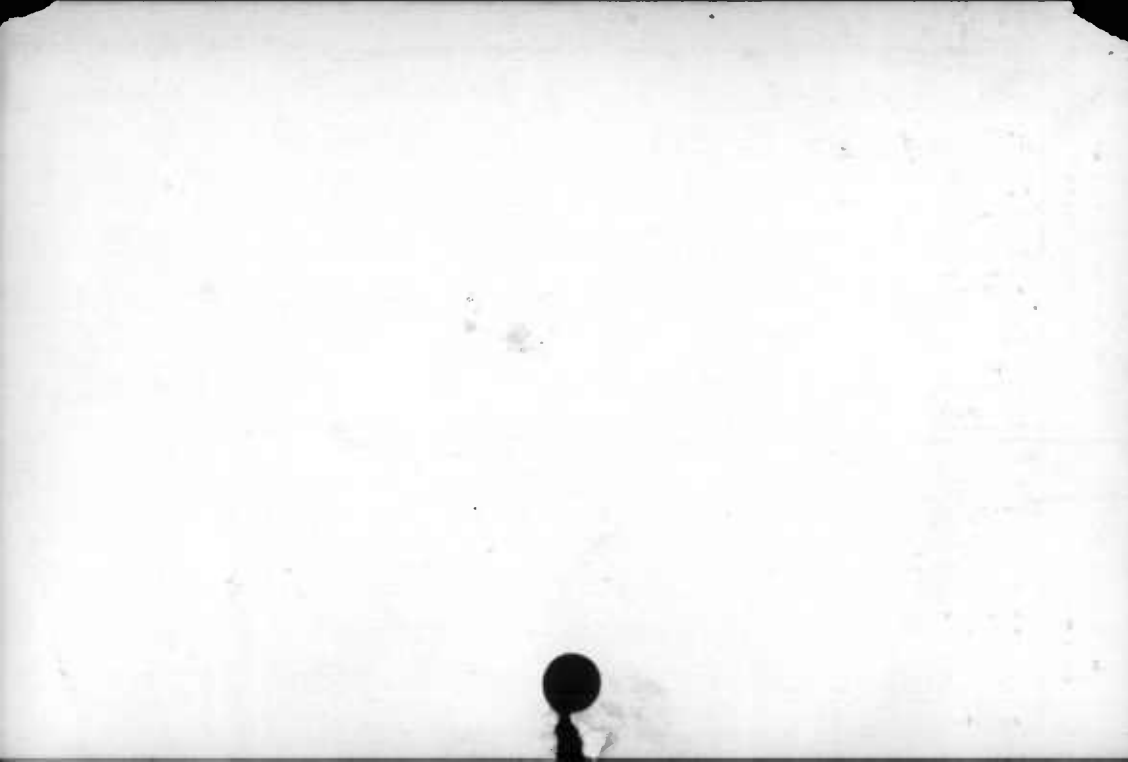
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>18</i>	Years <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Near Crownsville Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Charles Milton Duvall</i>	Father's Birthplace <i>A. A. Co. Md</i>				
Mother's Maiden Name <i>Maggie Dove</i>	Mother's Birthplace <i>A. A. Co. Md</i>				
Name of person giving Information <i>Charles Milton Duvall</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 wks -</i>
Immediate <i>Heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Grant</i>
	Address <i>Millersville Md</i>
Accident or Suicide	





Name in Full *Edith E. Duval*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hunt Port</i> <sup>Town</sup>		<i>A. A. County</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	<i>Age 47 weeks</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>West Port, Md</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Wm Duval</i>			Father's Birthplace <i>A. A. Co</i>		
Mother's Maiden Name <i>Mary M. Dwyer</i>			Mother's Birthplace <i>A. A. Co -</i>		
Name of person giving Information <i>(Father) Wm Duval</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days -</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>G. M. Litzinger M.D.</i>
	Address <i>127 E. North Ave. - Baltimore Md</i>
Accident or Suicide <i></i>	

Armstrong & Henry.

Gen Burnie

Anne Arundel.

Name  
in  
Full

Mellie Fairfield Graham

CERTIFICATE OF DEATH

Town

Annapolis

County

Anne Arundel Co

MARYLAND

Died at

Date

of death

1908

Month

Dec

Day

4

Age

Years

Months

6

Days

15

Sex

Girl

Color or  
Race

white

Birth-  
place

Phila, Pa.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HuabandFather's  
Name

Andrew T Graham

Father's  
Birthplace

J. Wayne Kris

Mother's  
Maiden Name

Georgie Fairfield

Mother's  
Birthplace

New York

Name of person giving  
Information

A T Graham

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Dysentery

How long

about 4 weeks.

Immediate

Anti-intoxication or perforation

How long

about 6 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Eustace Blackwell, M.D.

Address

#171 King George St  
Annapolis Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

John Alexander Grant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

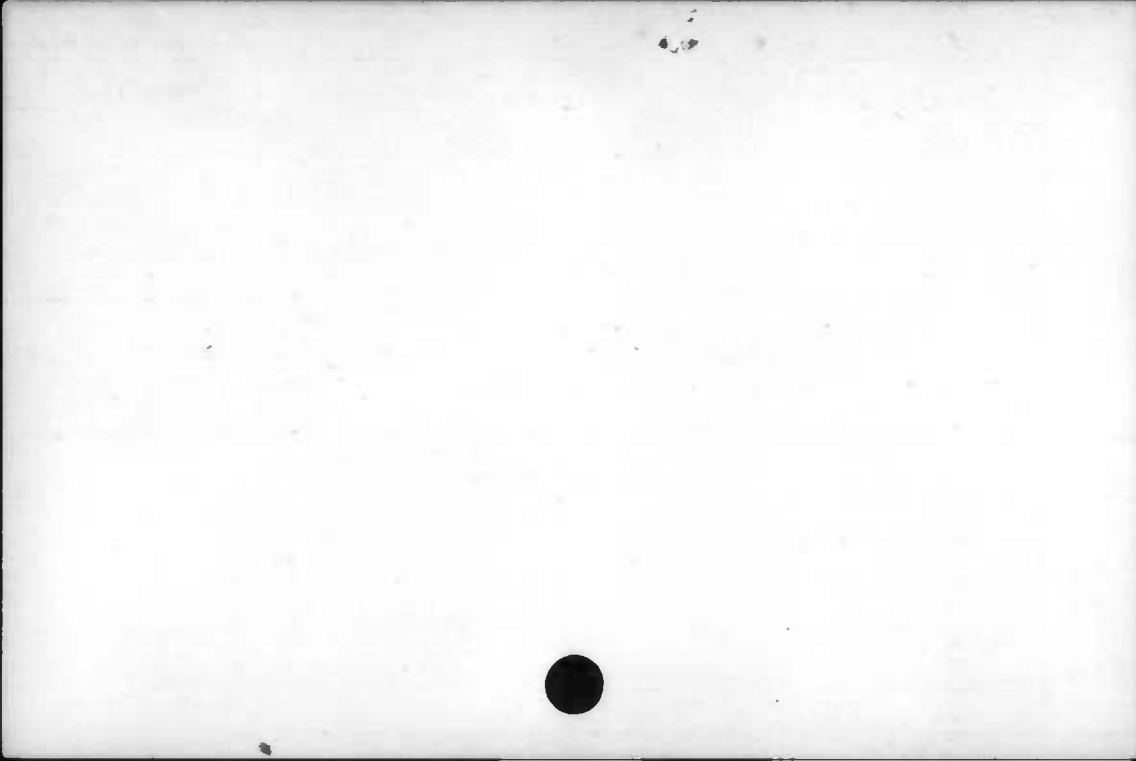
Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	12	78		1	3
Sex		Color or Race		Birth-place			
Male		White		Lancaster, Ky.			
Occupation		Where Residing if not at place of death					
Gentleman		Frankfort, Ky.					
Married, Single or Widowed		Name of Wife or Husband					
married		Kate S. Grant					
Father's Name		Father's Birthplace					
Moses V. Grant		Kenton Co. Ky.					
Mother's Maiden Name		Mother's Birthplace					
America Letcher		Lancaster, Ky.					
Name of person giving Information		How related to deceased					
Asa Walker		Son-in-Law					

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Adeno-Carcinoma, (cervical).</i>	How long	<i>About six months.</i>
Immediate	<i>Asthma.</i>	How long	<i>Progressing with disease.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Richard C. Warner, B.A. Surgeon, U.S.N.</i>	
		Address	
		<i>Naval Academy, Annapolis, Md.</i>	
Accident or Suicide			



Name  
in  
Full

Frank Harding

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

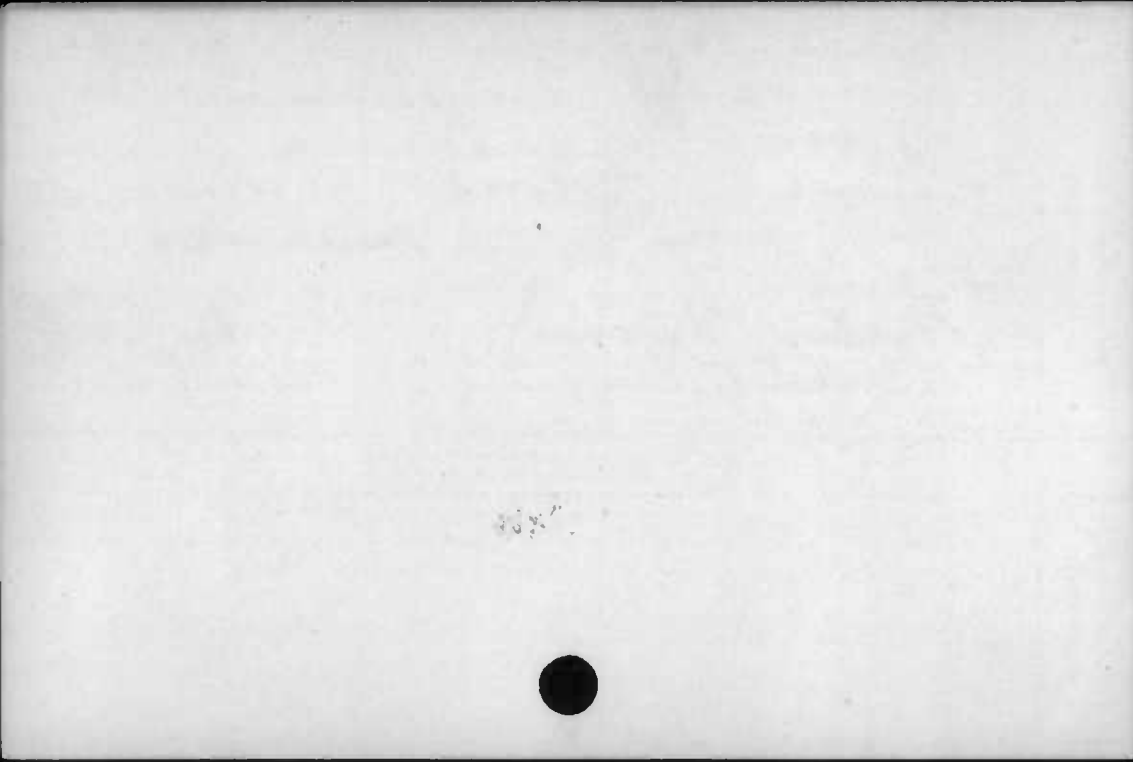
Died <sup>Town</sup> near Woodwardville <sup>County</sup> Anne Arundel		MARYLAND										
Date of death	1908	Month	Dec.	Day	30	Years	Age	63	Months		Days	
Sex	Male		Color or Race	White		Birth-place	A. A. Co. Md.					
Occupation	Farmer		Where Residing if not at place of death									
Married, Single or Widowed	<input checked="" type="checkbox"/> Married		Name of Wife or Husband Rachel Harding									
Father's Name	William Harding					Father's Birthplace	A. A. Co. Md.					
Mother's Maiden Name	<del>Rachel Waters</del> Mieps Sigard					Mother's Birthplace	A. A. Co. Md.					
Name of person giving information	Charles Waters					How related to deceased	Nephew					

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary	Neuralgia + Nervous Breakdown	How long	Several days
Immediate	Neuralgia of Heart	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sam. H. Anderson M.D.
		Address	Woodwardville Md.
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lillian Harrod*

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 1908 *Dec* Month *17* Day Age *3* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

Occupation  Where Residing if not at place of death *141 South St.*

~~Marrried, Single~~ *Single* Name of Wife or Husband

Father's Name *Wesley Harrod* Father's Birthplace *Annapolis*

Mother's Maiden Name *Martha Harrod* Mother's Birthplace *Annapolis*

Name of person giving information *Wesley Harrod* How related to deceased *Father*

## CAUSES OF DEATH

(9)

PHYSICIAN  
OR CORONER

Primary *Laryngeal Diphtheria* How long *two days*

Immediate *Asphyxia* How long *Immediate*

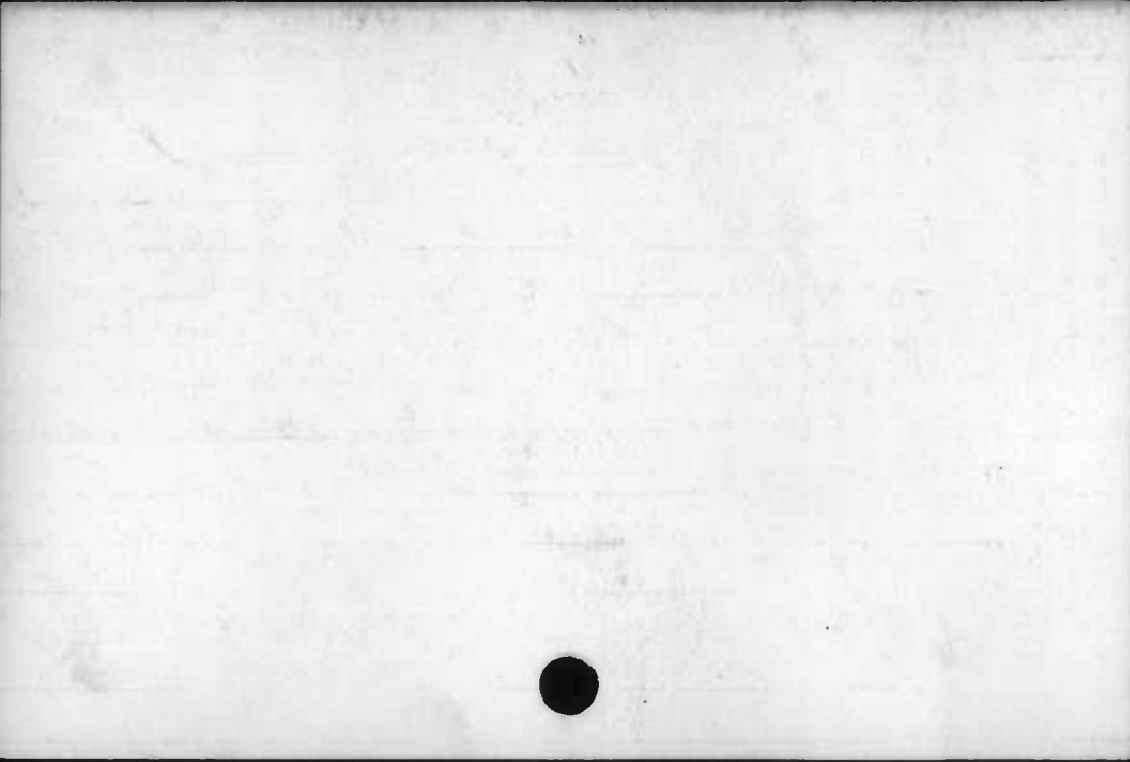
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ambrose Garcia M.D.*

Address *12 1/2 Bay St*

*Annapolis Md*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary C. Harrod*

Town *Annapolis* County *Anne Arundel* *MARYLAND*

Died at *Annapolis*

Date of death 190 *8* *Dec* *12* Age *16* Months *4* Days

Sex *Female* Color or Race *Colored* Birth place *Annapolis*

Occupation *School Girl* Where Residing if not at place of death *141 South St.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wesley Harrod.* Father's Birth place *Annapolis*

Mother's Maiden Name *Martha Hove* Mother's Birth place *Annapolis*

Name of person giving information *"* *"* How related to deceased *Mother*

CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

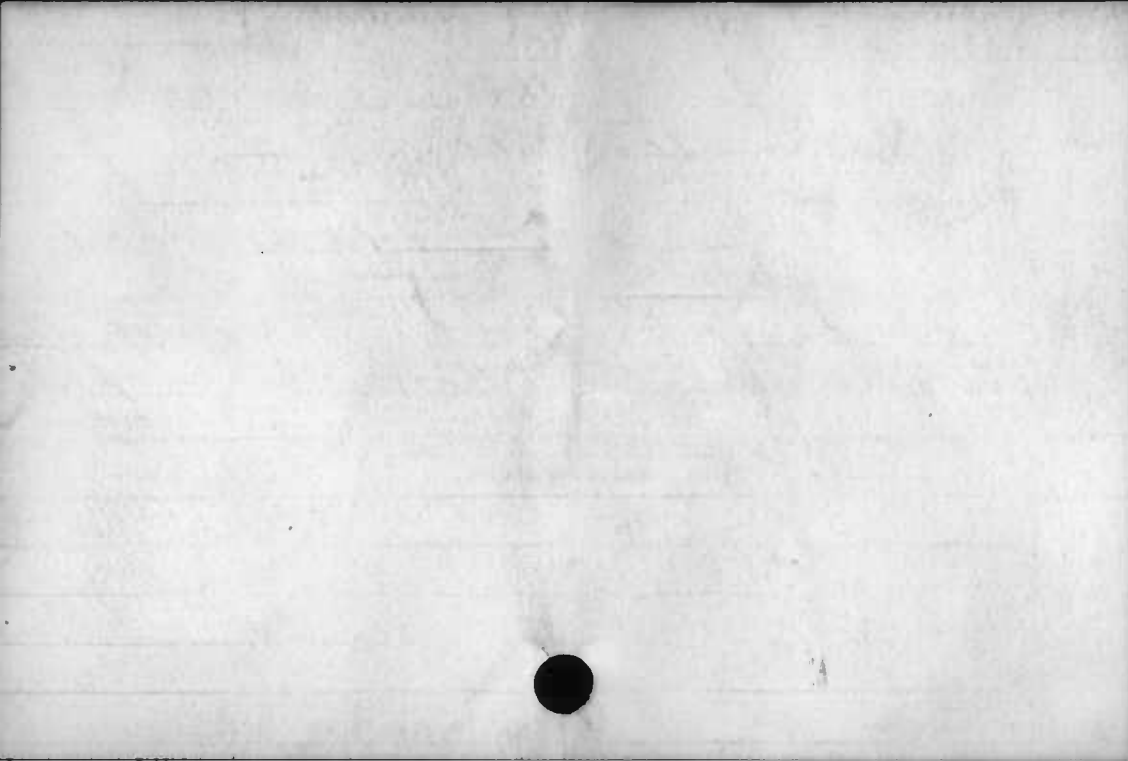
Primary *Capillary Bronchitis* *Four days*

Immediate *Asphyxia* *Gradual*

Are the name, age, sex, color, date and place correctly given above?  
*Yes*

Signature of Physician *John Ridout M.D.*  
Address *Annapolis Md*

Accident or Suicide?



Name  
in  
Full

Arthur W. Hawkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

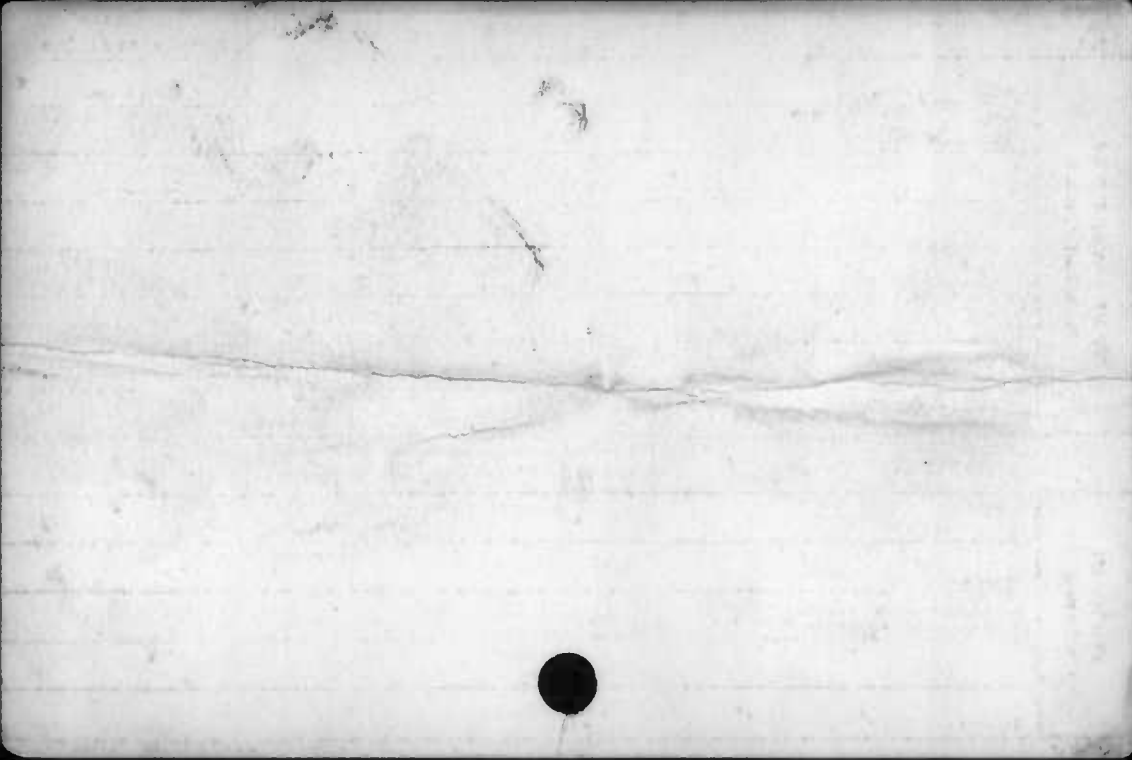
Died at <u>Omar</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>12</u>	Day	<u>13</u>
Age		<u>1</u>	Years	Months	<u>5</u>
Sex		<u>male</u>	Color or Race	<u>Black</u>	Birth-place
Occupation		<u>infant</u>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
<u>None</u>		<u>None</u>			
Father's Name		<u>Wm Hawkins</u>		Father's Birthplace	
<u>Maryland</u>		<u>Maryland</u>		<u>Maryland</u>	
Mother's Maiden Name		<u>Eliza Miller</u>		Mother's Birthplace	
<u>" "</u>		<u>" "</u>		<u>" "</u>	
Name of person giving information		<u>Eliza Hawkins</u>		How related to deceased	
<u>Mother</u>		<u>Mother</u>		<u>Mother</u>	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<u>Indigestion Probable cause</u>	How long
Immediate	<u>Natural cause</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<u>Yes</u>		<u>E. D. Joyce</u>
Institute into Law		Address
<u>Miller &amp; Co</u>		<u>acting as coroner</u>
Accident or Suicide?		<u>Ind</u>



Name  
in  
Full

Edward Howard

## CERTIFICATE OF DEATH

Town

County

Died at

Annapolis

A. A.

MARYLAND

Date

of death

1908 Dec

Month

Day

Age

Years

Months

Days

1 26 2 21

Sex

Male

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Stone Mason

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

James Howard

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Ellia Shade

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

James Howard

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

Pneumonia Bronch - 2 weeks

How long

Immediate

Cardiac Failure 24 hours

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. P. Jones  
Annapolis  
600 E. Main St

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Ruby Jane (Jane)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis Md</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Dec	Day	11
Age	14	Years	4	Months	0
Sex	Female	Color or Race	Col	Birth-place	Baltimore, Md
Occupation	not any	Where Residing if not at place of death <u>Annapolis Md</u>			
Married, Single or Widowed	single	Name of Wife or Husband <u>not any</u>			
Father's Name	William Jane			Father's Birthplace	T.A. Co. Md.
Mother's Maiden Name	Elinora Jane			Mother's Birthplace	T.A. Co. Md
Name of person giving Information	James Yant			How related to deceased	uncle

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	<u>Hysteria</u> ?	How long	<u>14 days</u>
Immediate	<u>Convulsions</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W.D. Keene</u>
		Address	<u>66 Cathedral St</u> <u>Annapolis Md</u>
Accident or Suicide	<u>no</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *3rd St* Town *Ad.* CountyDate of death *1908* Month *Dec* Day *20* Age *1* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *A.D. Co. Md.*

Occupation Where Residing if not at place of death

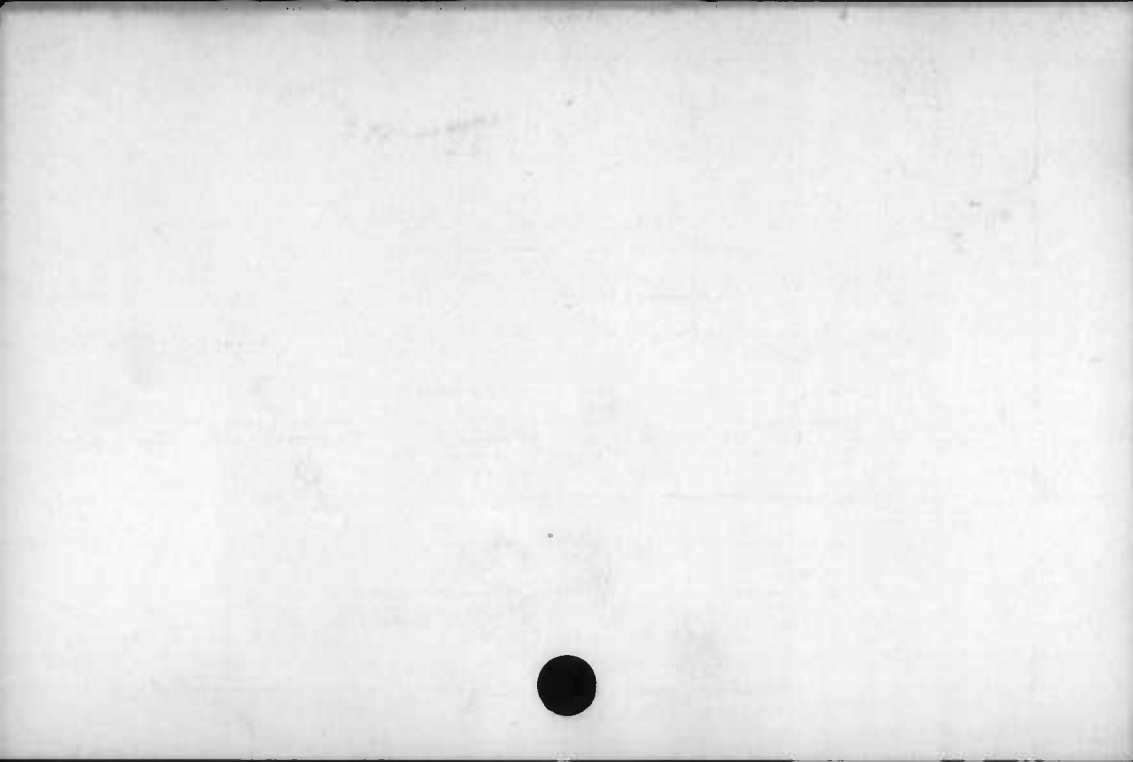
Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James Linger* Father's Birthplace *A.D. Co. Md.*Mother's Maiden Name *Jane Wright* Mother's Birthplace *A.D. Co. Md.*Name of person giving information *Samuel R. Colbert* How related to deceased *Neighbor*

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONERPrimary *Influenza* How long *2 weeks*Immediate *Exhaustion* How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. D. Ridout*Address *Annapolis Md*  
*R. 2, D. No 1*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

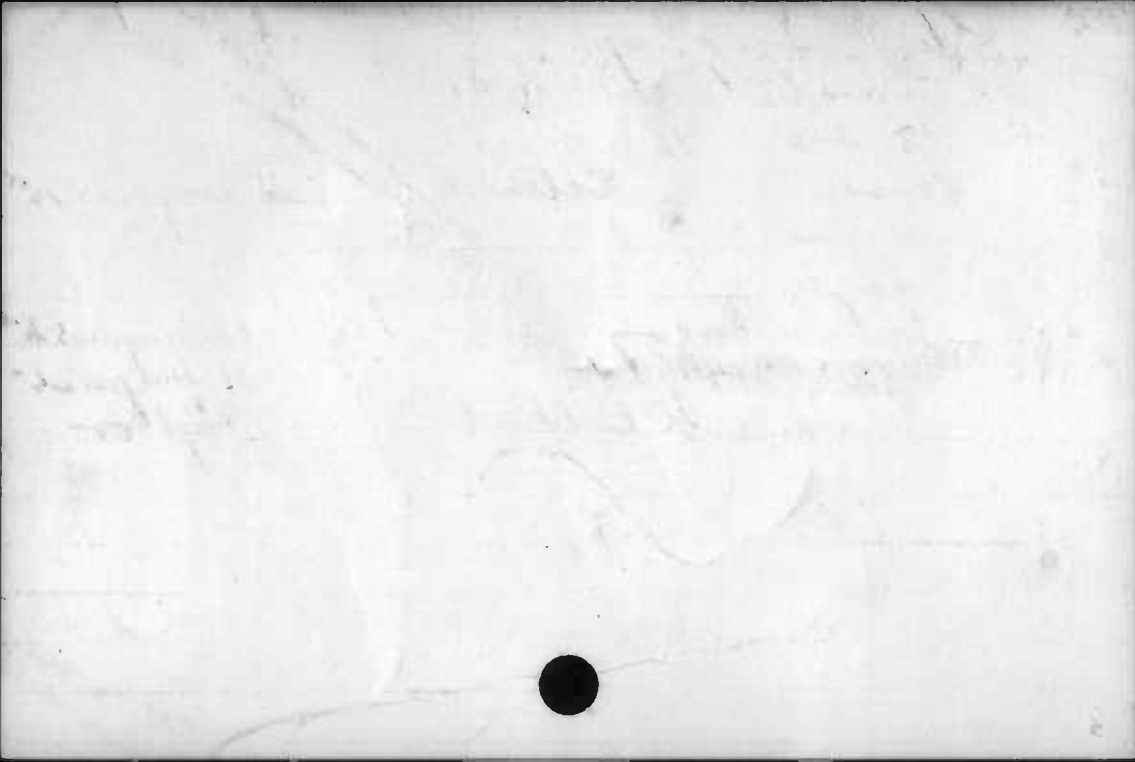
Died at <i>3rd St</i> Town <i>Beracc, Maryland</i> County <i>Ad.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>5</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>H. Maryland</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Jarnea Inger</i>	Father's Birthplace <i>H. Maryland</i>		
Mother's Maiden Name <i>Jane Wright</i>	Mother's Birthplace <i>H. Maryland</i>		
Name of person giving information <i>Sam. R. Colbert</i>	How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 days</i>
Immediate <i>Heart Failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Ridout</i>
	Address <i>Annapolis Md</i>
	<i>R. F. S. No 1</i>
Accident or Suicide?	



Name  
in  
Full

Hugh Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Prison, Howard County, Annapolis

Date of death

190

Month

8 Dec.

Day

5

Age

Years

27

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pa.

Occupation

Paddler

Where Residing if not  
at place of death

at Howard Correction

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

—

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

—

Name of person giving  
Information

Th. Pyerly

How related  
to deceased

Not at all

## CAUSES OF DEATH

Primary

Cardiac trouble

How long

3 mo.

Immediate

—

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

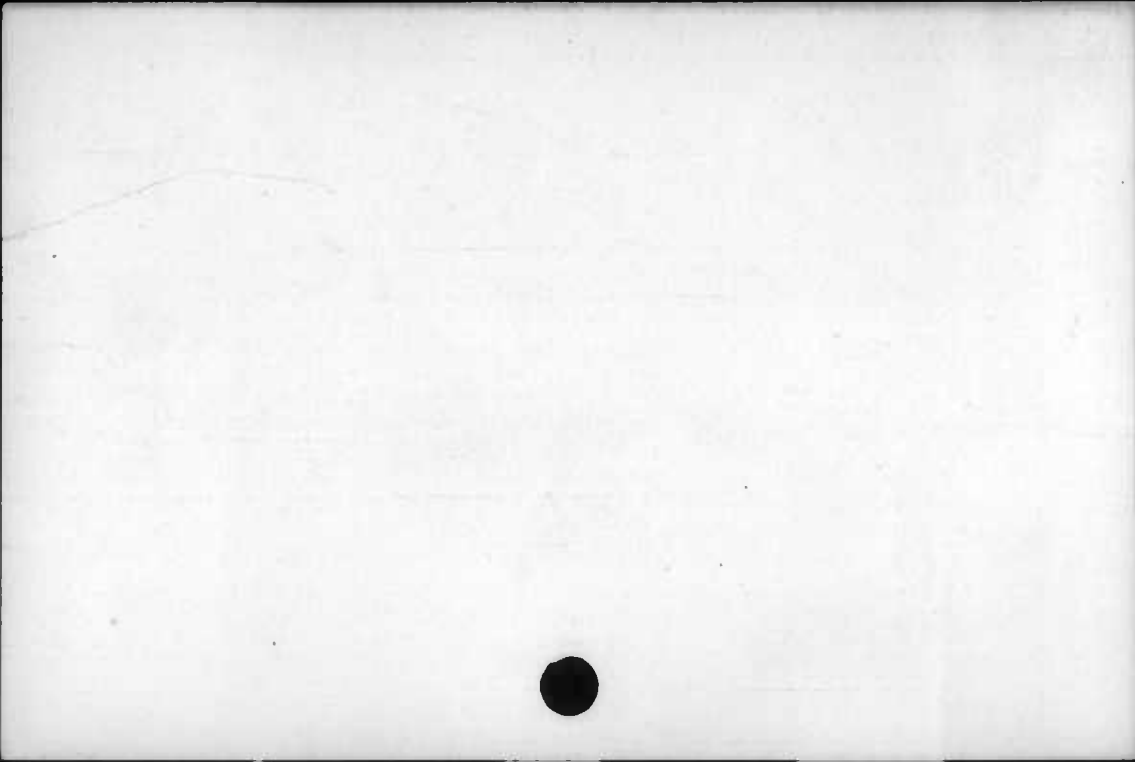
Address

Th. Pyerly  
Laurel  
Md.

Accident or Suicide?

No

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

Elija Joyce

Town

County

Died at

Armiger P.O. 3rd dist

Anne Arundel Co

MARYLAND

Date

of death 1908

Month

Dec

Day

11

Years

Age

74

Months

-

Days

-

Sex

Male -

Color or  
Race

White

Birth-  
place

Anne Arundel Co

Occupation

Physician

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Edith Joyce

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

John F. Joyce

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Double Lobar Pneumonia

How long

4 days

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James S. Bellinger M.D.

Address

Armiger

Accident or Suicide

No

M4

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Pauline Kaste

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

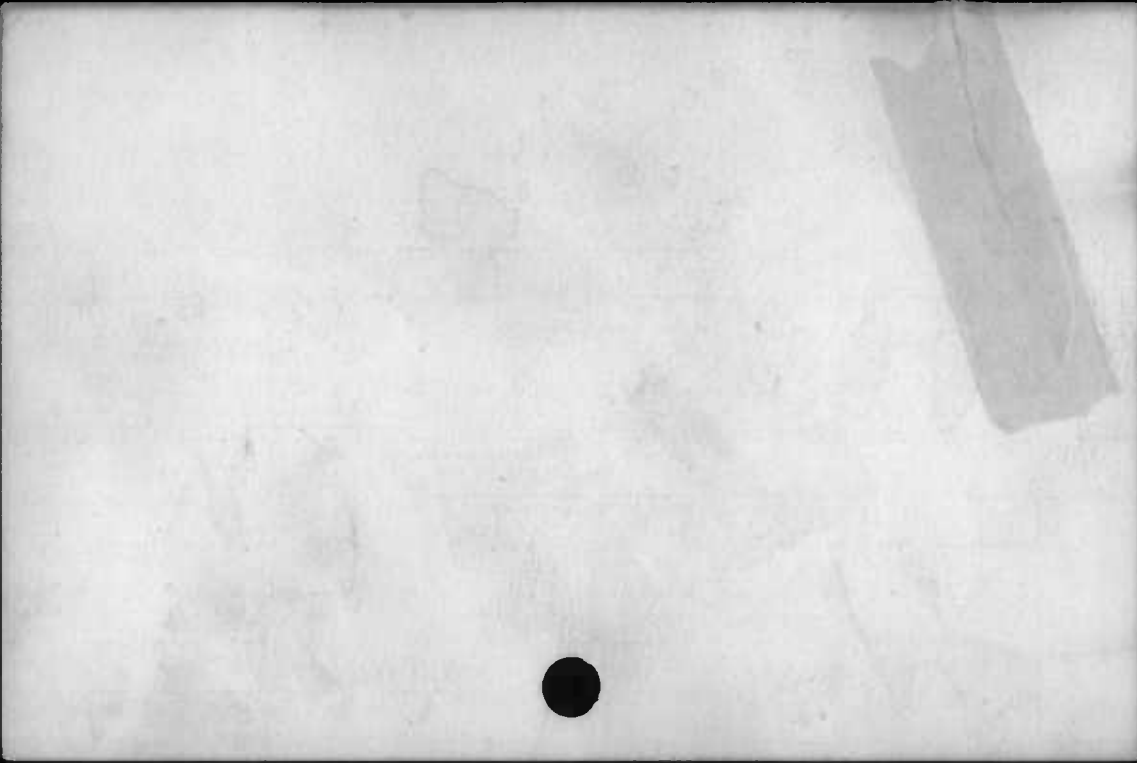
Died at <i>Annapolis road, Westport</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>December</i>	Day <i>20</i>	Age <i>78</i>	Years	Months <i>11</i>	Days <i>21</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Russia</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Fred. Kaste</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary Kirchner</i>		How related to deceased <i>daughter</i>		✓			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Emilia &amp; Exhaustion; Enteritis</i>	How long <i>5 days</i>
Immediate <i>" "</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reino G. Jausch</i>
	Address <i>124 Jackson Square</i>
	<i>Baltimore Md</i>
Accident or Suicide?	



Name  
in  
Full

Thomas Irving Kell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>A. A.</i>		County		MARYLAND	
Date of death 1908		Month <i>Dec</i>		Day <i>6th</i>		Years <i>1908</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bethesda, Md.</i>		Months <i>6</i>	
Occupation <i>Student</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>A. N. Kell</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Robert L. Hermy</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>9 days</i>
Immediate <i>Peritonitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. A. Kelly</i>
<i>Yes</i>	Address <i>Thompson's Yard</i>
Accident or Suicide <i>No</i>	

Interment Bloomington, Ill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

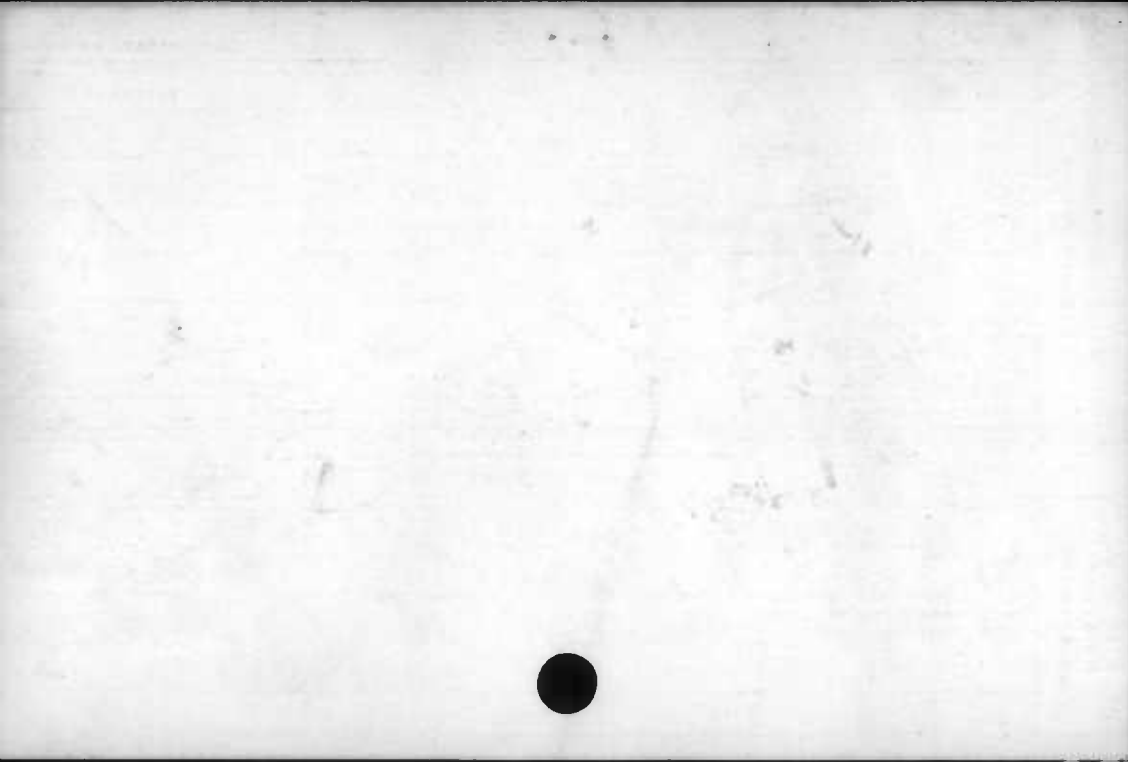
Name in Full <i>Catherine Lane</i>		Town <i>Annapolis Neck</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>Annapolis Neck</i>		Month <i>Dec</i>		Day <i>18</i>		Year <i>1908</i>	
Date of death <i>1908 Dec 18</i>		Age <i>71</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. Co. Md</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Lane</i>					
Father's Name <i>London Pinkney</i>		Father's Birthplace <i>Calbert Co Md</i>					
Mother's Maiden Name <i>Margret Hardemon</i>		Mother's Birthplace <i>Calbert Co Md</i>					
Name of person giving information <i>Rachel Brashers</i>		How related to deceased <i>Daughter in law</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

20

Primary <i>Septicemia</i>	How long <i>two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. P. Neugebauer</i>
Address <i>600 Cathedral St Annapolis</i>	
Accident or Suicida <i>Accident</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

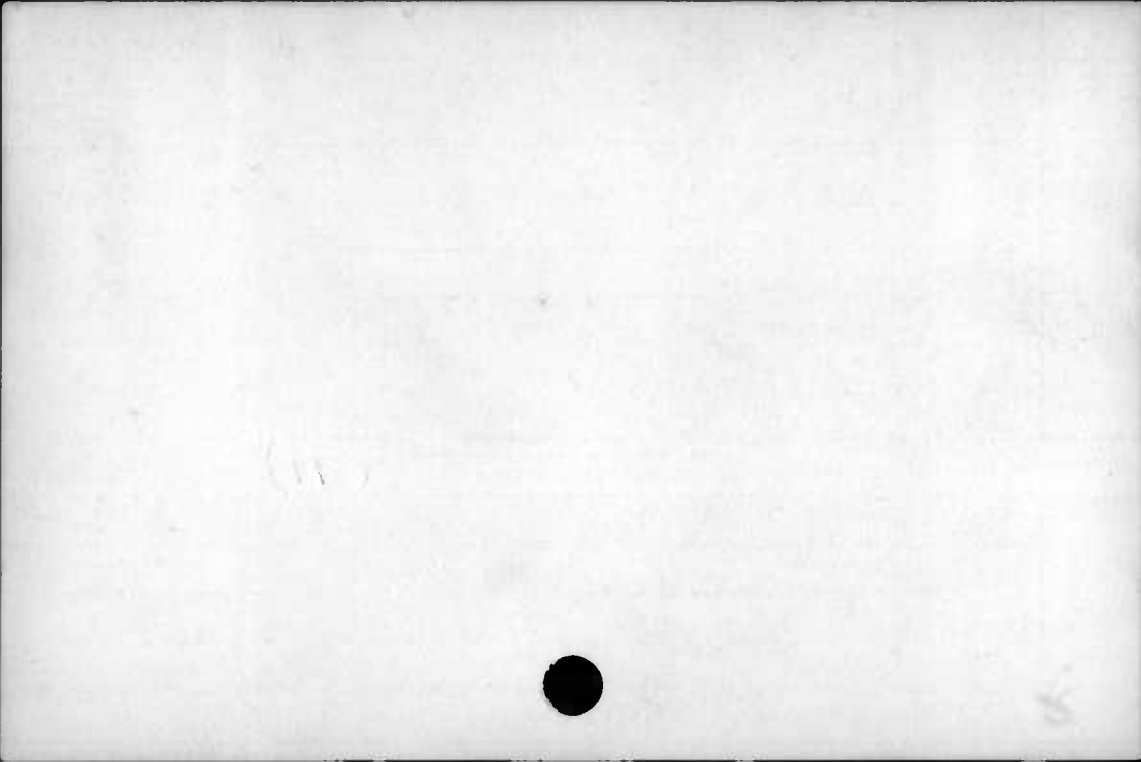
Died at <i>39</i> <sup>Town</sup> <i>District</i> <sup>County</sup> <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>3</i> <sup>Years</sup> <i>3</i> <sup>Months</sup> <i>16</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>3<sup>rd</sup> District</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Herman Granthie</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Marie Grevolt</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Marie Granthie</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Convulsion</i>	How long
Immediate	<i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. S. Schell</i>
<i>They are</i>		Address <i>South Bell St</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *So. Baltimore* <sup>Town</sup> *A. A.* <sup>County</sup>Date of death *1908 Dec 28* <sup>Month</sup> <sup>Day</sup> Age *21* <sup>Years</sup> Months <sup>Months</sup> Days <sup>Days</sup>Sex *Male* Color or Race *white* Birth-place *Poland*Occupation *Laborer* Where Residing if not at place of death *-*Married, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Valentine Maslovski* Father's Birthplace *Poland*Mother's Maiden Name *Mary Vaskovski* Mother's Birthplace *Poland*Name of person giving information *Stanislaw Maslovski* How related to deceased *brother*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* <sup>How long</sup> *Don't know*  
Immediate *" Hemorrhage* <sup>How long</sup> *10 minutes*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

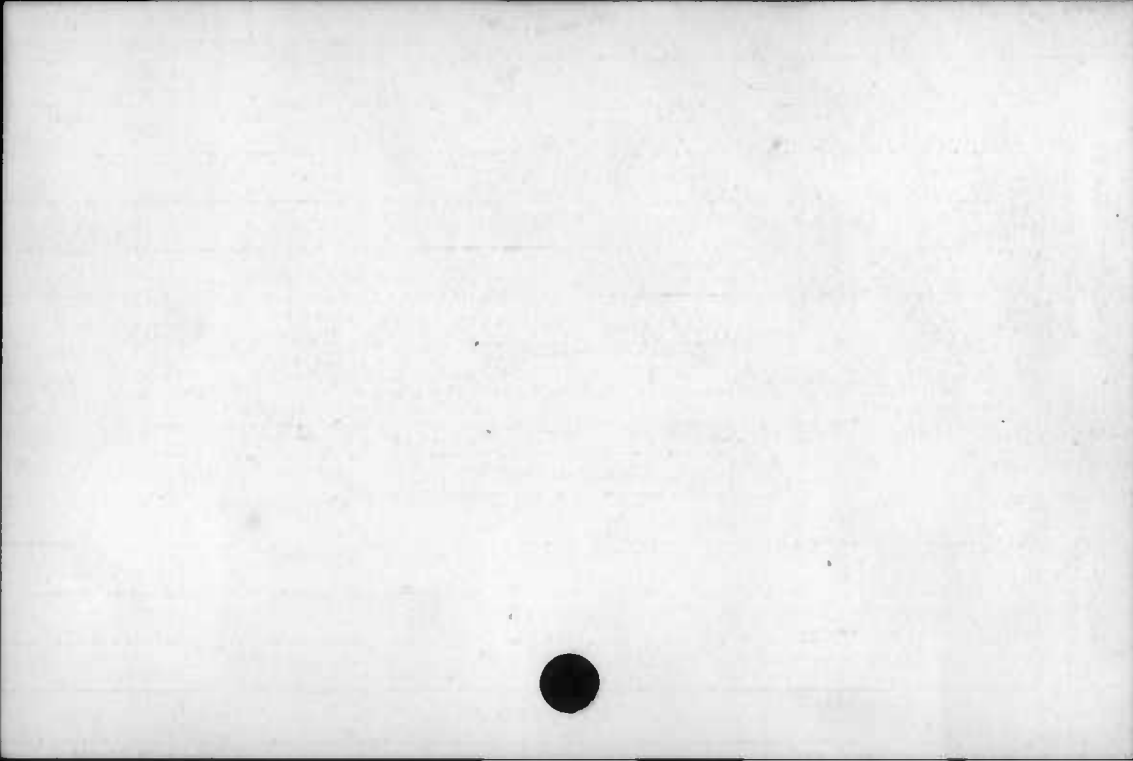
Address

*Dr. B. J. Burton Jr.*  
*So. Baltimore, Md.*

Accident or Suicide?

no 12 ~~several~~, ap-

Name in Full		Anna Matthews				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1908	Month	Day	Age	Years
		Sex		Female	Color or Race		Colored	Birth place
		Occupation		Filed		Where Residing if not at place of death		148 South St.
		Married, Single or Widowed		Single	Name of Wife or Husband		None	
		Father's Name		Joseph Matthews		Father's Birthplace		Annapolis, Md.
		Mother's Maiden Name		Martha Ridgley		Mother's Birthplace		Adams, Md.
Name of person giving information		Martha Ridgley		How related to deceased		Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Membranous Croup		How long	2 days	
		Immediate		Exhaustion		How long	6 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. P. Keene
		Address		60 Cathedral		Annapolis, Md.		
		Accident or Suicide?		No				



Name  
in  
Full

Still Born

Mitchell

## CERTIFICATE OF DEATH

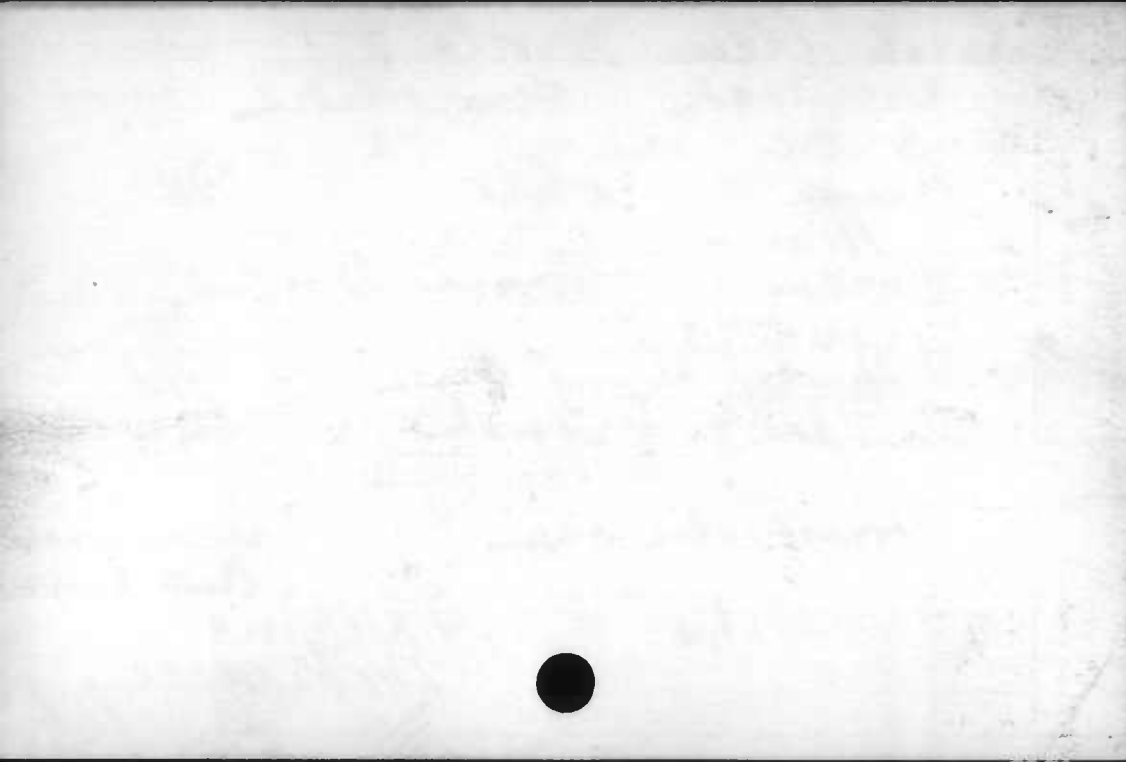
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East Port</i>		Town		County		<i>a a Co.</i>		MARYLAND	
Date of death <i>1904 Dec</i>		Month		Day		Years		Months	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>—</i>		Months <i>—</i>		Days <i>1</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Birthplace <i>Annapolis</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Name <i>William Mitchell</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Barry Hall</i>		Mother's Birthplace <i>a a Co.</i>		Names of person giving Information <i>William Mitchell</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J J Murphy</i>
		Address	<i>Annapolis</i>
Accident or Suicide			





Name in Full		Sargh Ellen Morland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Greenock		County Anne Arundel		MARYLAND
	Date of death		1908	Month Dec.	Day 12	Age 72	Years Months Days
	Sex		Female		Color or Race white		Birth-place Md.
	Occupation None				Where Residing if not at place of death		
	Married, Single or Widowed		Widow		Name of Wife or Husband Henry Morland		
	Father's Name		Richard Ward		Father's Birthplace Md.		
	Mother's Maiden Name		Martha Young		Mother's Birthplace Md.		
	Name of person giving information		Jas. E. Griffith		How related to deceased Son in law		
CAUSES OF DEATH							79
PHYSICIAN OR CORONER	Primary		Heart disease			How long Several years	
	Immediate					How long Death sudden	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. A. Perrie		
					Address The Kendree, Md.		
Accident or Suicide?							



Name in Full		Elizabeth M. <del>Holland</del> - Mosely.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Camp Parde		a a		MARYLAND	
	Date of death	1908	Month 12	Day 25	Age 30	Months	Days
	Sex	Female -		Color or Race	Negro	Birth-place	Maryland
	Occupation	Cook		Where Residing if not at place of death			
	<del>Married Single</del> or Widowed	Name of Wife or Husband		George Mosely -			
	Father's Name	John Holland -		Father's Birthplace		Maryland	
	Mother's Maiden Name	Maria Brooks -		Mother's Birthplace		a 4	
Name of person giving information	Eliza Holland -		How related to deceased		Sister		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Probable cause Tuberculosis				How long	(27)
		Natural Cause				How long	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		J. D. Jones	
		J. D. Jones		Address		Ashley as Coroner	
Accident or Suicide?	Millsville Md.						

Arthur G. Hardy

July 15<sup>th</sup> 1890

Name  
In  
Full

CERTIFICATE OF DEATH

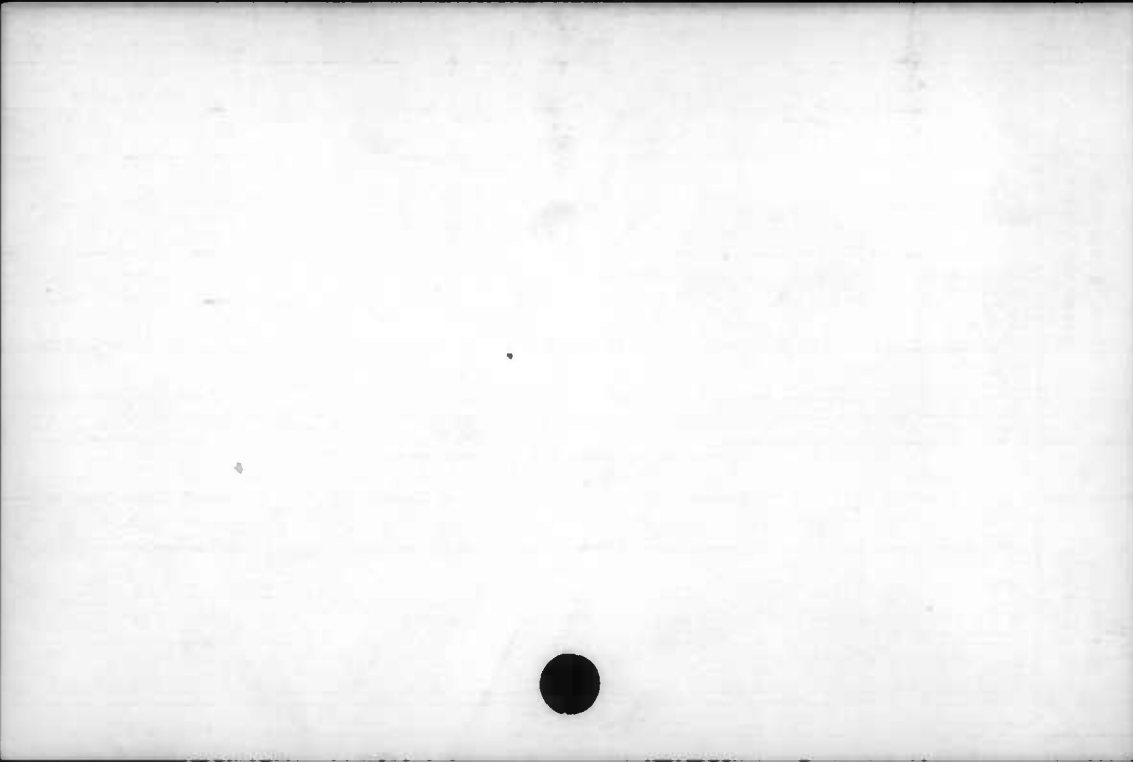
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Dec.</u>	Day	<u>26</u>
Age	<u>71</u>	Years		Months	<u>one</u>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Annapolis</u>
Occupation	<u>accountant</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband <u>Katherine Goodwin Annot</u>			
Father's Name	<u>Erastus Myer</u>	Father's Birthplace <u>Annapolis</u>			
Mother's Maiden Name	<u>Mary Edwards</u>	Mother's Birthplace <u>Baltimore</u>			
Name of person giving Information	<u>Erastus M. Starr</u>		How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>64</u>
Immediate		How long	<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. Clement Claessens M.D.</u>
		Address	<u>95 St. John St., Annapolis, Md.</u>
Accident or Suicide	<u>—</u>		



Name  
in  
Full

CERTIFICATE OF DEATH

Still born *Kowitzki*  
Died at *East Brooklyn* *A.A.* County

MARYLAND

Date of death *1908* *Dec* *14* Age *14* Months *14* Days *14*

Sex *Male* Color or Race *White* Birthplace *East Brooklyn, Md*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Maiden, Single or Widowed~~

Name of Wife or Husband \_\_\_\_\_

Father's Name *Andy Kowitzki* Father's Birthplace *Germany*

Mother's Maiden Name *Julia Sokolowsky* Mother's Birthplace *Germany*

Name of person giving information *Andy Kowitzki* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still born* How long *8*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

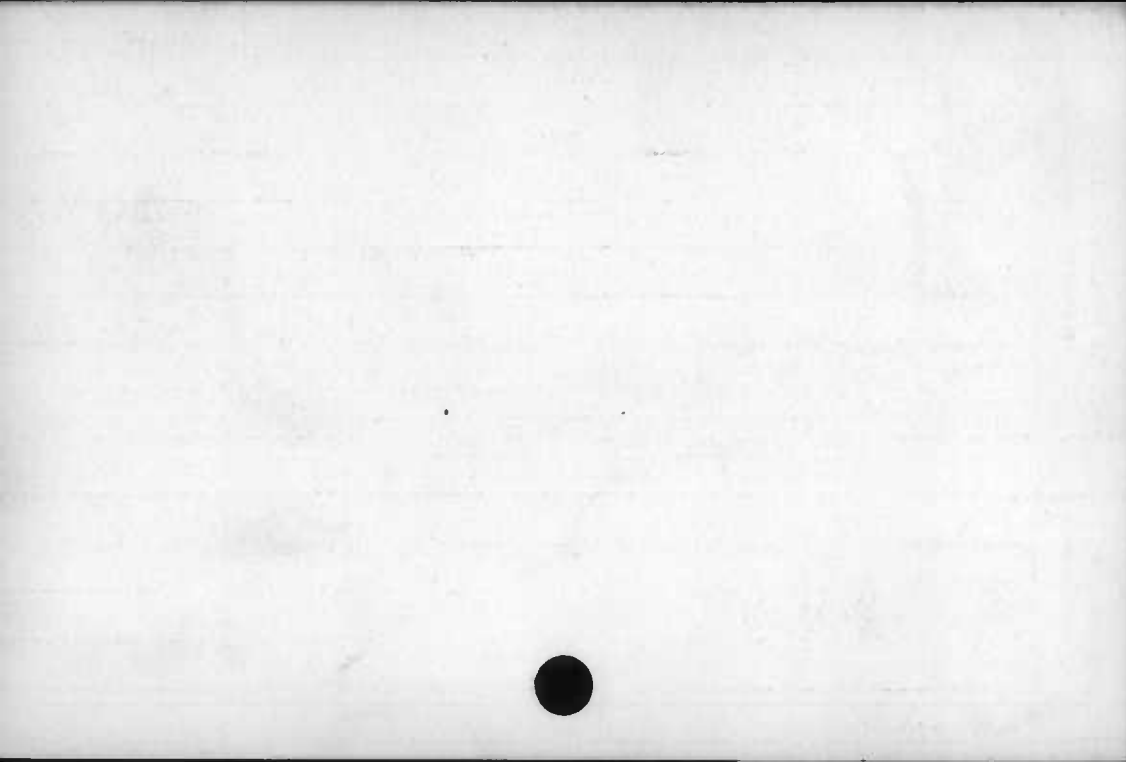
Address

*J. B. Horton Jr*  
*So. Baltimore Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Arnon Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

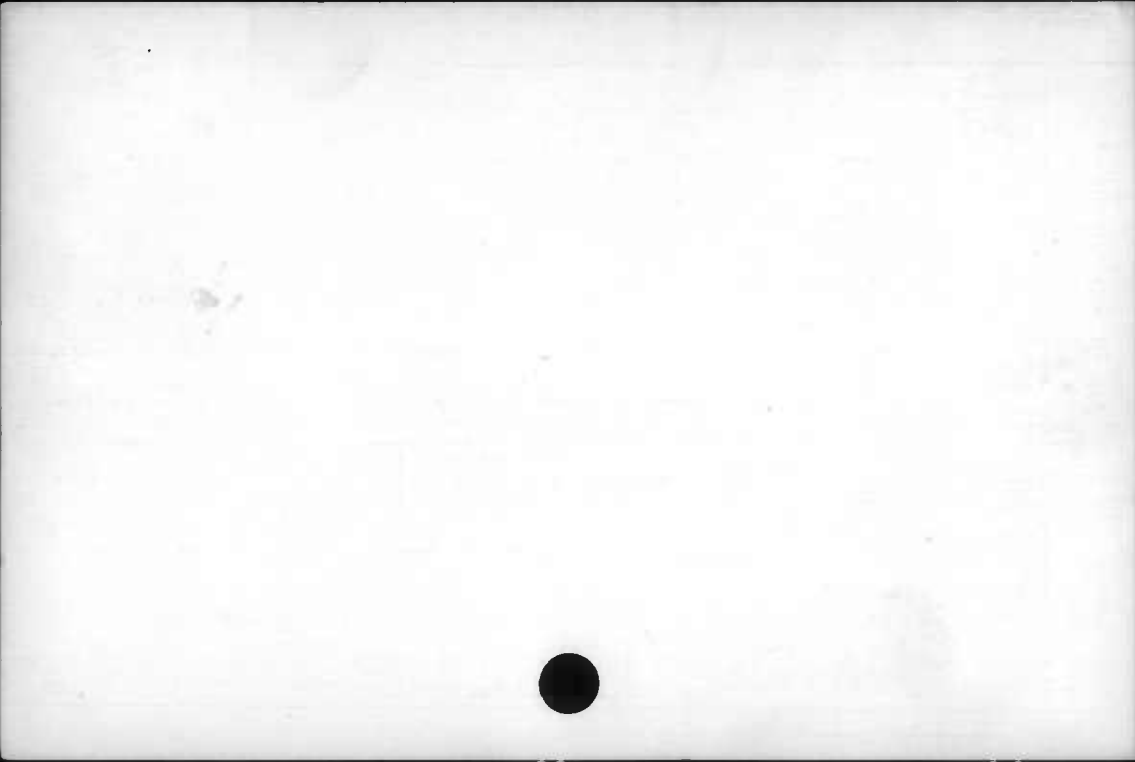
Died at <u>Bristol</u> <sup>Town</sup>		<u>Ch. Ch.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>30</u>		Age <u>19</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Ch. A. G. Md</u>	
Occupation <u>Wagon Driver</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Joseph Owens</u>		Father's Birthplace <u>Ch. A. G. Md</u>			
Mother's Maiden Name <u>Hollers -</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>L. Owens</u>		How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Unknown</u>
Immediate	<u>As far as known</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>As far as known</u>		Signature of Physician <u>J. G. Griffith</u>	
		Address <u>—</u>	
Accident or Suicide <u>—</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

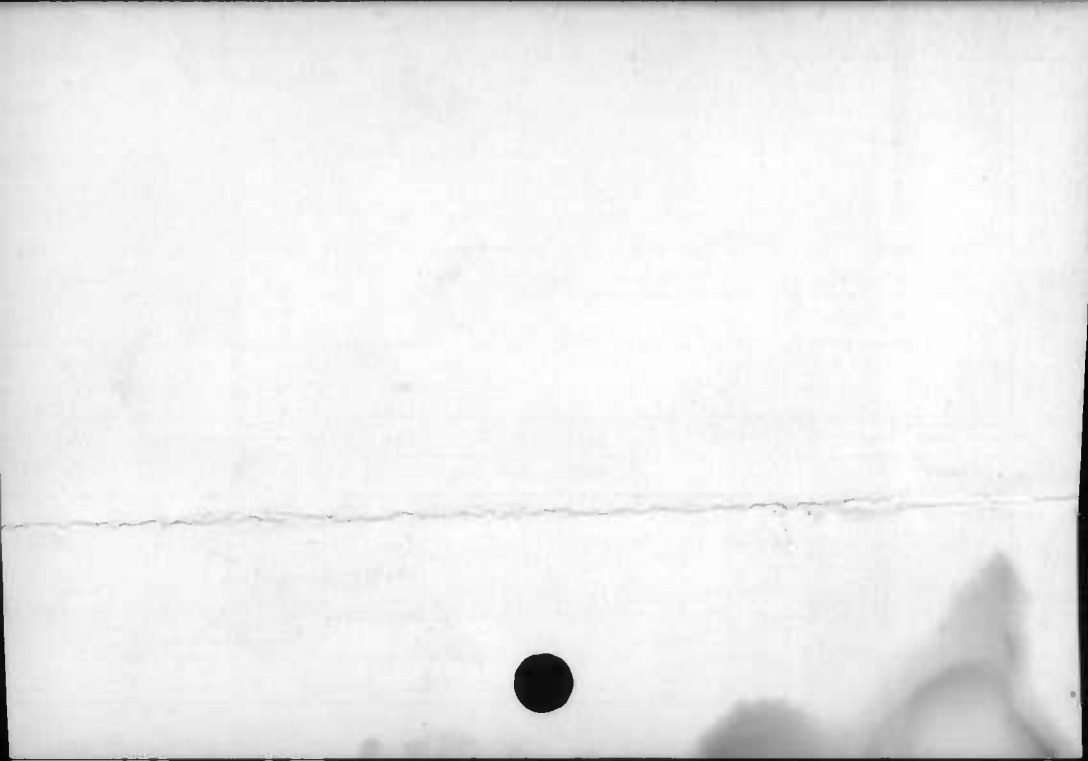
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pumphrey</i>		County <i>U.A.</i>		MARYLAND	
Date of death		Month <i>12</i>	Day <i>31</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Berfield</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Wm W. Pumphrey</i>				Father's Birthplace <i>A.A. County</i>			
Mother's Maiden Name <i>Florence Green</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Wm Pumphrey</i>				How related to decedent <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<i>Still Born</i>		How long <i>8</i>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Gant</i>			
<i>Mullinsville</i>		Address <i>Mullinsville N.Y.</i>			
Accident or Suicide? <i>-</i>					



Name  
in  
Full

Charles W. Rauch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Head of Stony Creek</i>		Town <i>Stony Creek</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	Dec.	Day	29	Age	60
Sex	Male		Color or Race	White		Birthplace	Germany
Occupation	Formerly shoemaker, retired		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Henrietta Rauch		
Father's Name	Charles Rauch		Father's Birthplace		Germany		
Mother's Maiden Name	Unknown		Mother's Birthplace		Germany		
Name of person giving Information	Charles C. Rauch		How related to deceased		Son.		

## CAUSES OF DEATH

Primary	<i>Strangulation</i>	How long	<i>Immediate</i>
Immediate	<i>Deceased hung himself at Head of Stony Creek, A. D. Co. Md.</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician or Coroner

Address

*Belville J. Dunlop*  
*Justice of the Peace*  
*as Coroner*

Accident or Suicide

- Suicide

*Address Arming P.O. A. D. Co. Md.*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Dryden Richardson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

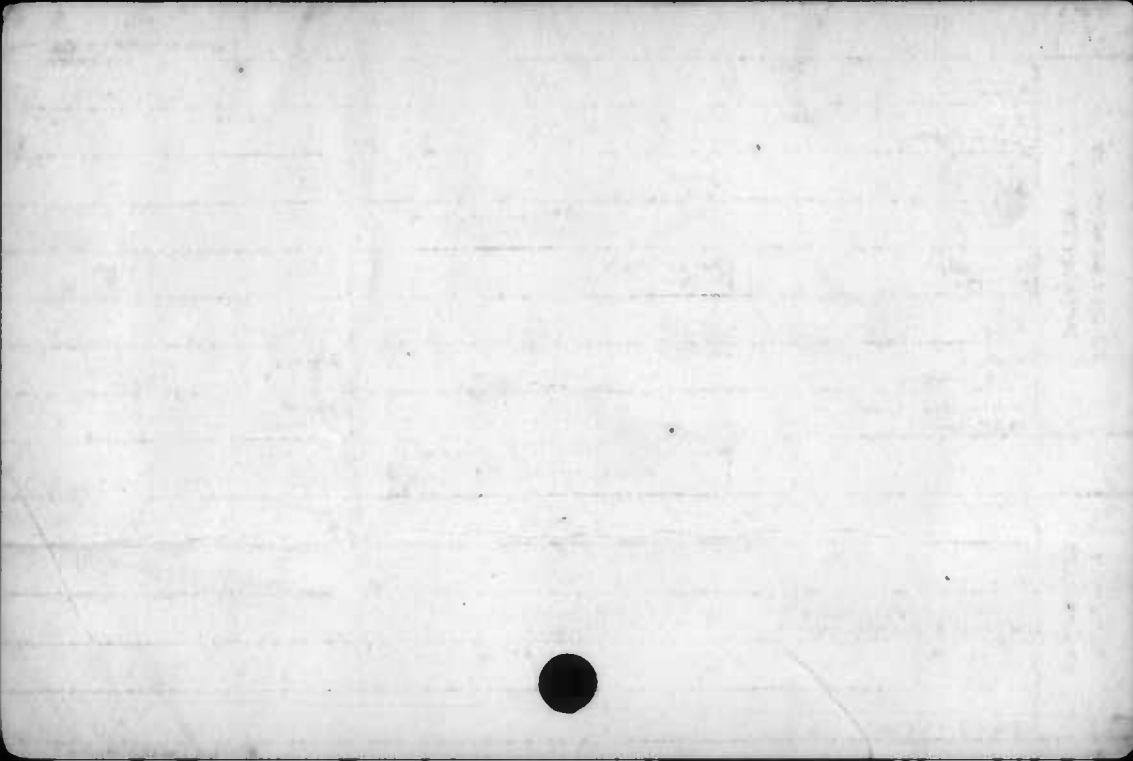
Died at <i>Omar</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>12</i>	Day	<i>2</i>
Age		<i>84</i>	Years	Months	Days
Sex	<i>female</i>	Color or Race	<i>African</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Cook</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of <del>Widow</del> or Husband <i>Wesley Richardson</i>			
Father's Name	<i>Rezin Anderson</i>	Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Minta Gates</i>	Mother's Birthplace	<i>" "</i>		
Name of person giving information	<i>Charles Stocker</i>	How related to deceased	<i>brother</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Probable cause old age</i>	How long	<i>—</i>
Immediate	<i>Natural Cause</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>E. D. Joyce</i>	
Address		<i>Acting as coroner</i>	
Accident or Suicide?		<i>—</i>	





Name  
in  
Full

Olive Gertrude Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County

Died at Head of Rock Creek Anne Arundel **MARYLAND**

Date of death 1908 Month Dec Day 8 Age 3 Months 11 Days 24

Sex Female Color or Race White Birth-place Anne Arundel Co

Occupation Infant Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Herbert Robinson Father's Birthplace Anne Arundel Co

Mother's Maiden Name Ella V. Strickland Mother's Birthplace Anne Arundel Co

Name of person giving Information George Herbert Robinson How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

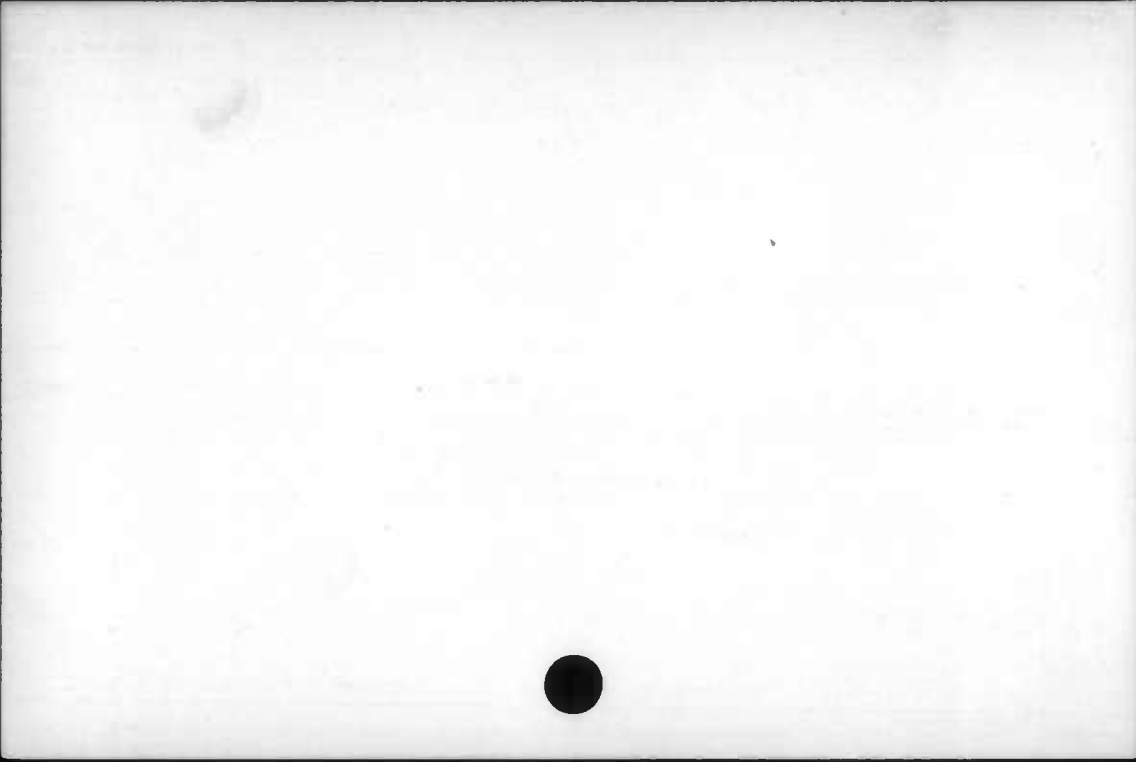
Primary Acute Laryngitis How long 6 days

Immediate Oedema of the Glottis How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James S. Bellinger M.D.

Address Armiger Md

Accident or Suicide No



Name  
in  
Full

Albert Vangn, Shipley

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

Date

of death

1908

dec.

Month

Day

Age

Years

Months

Days

3

5

10

Sex

Male

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

School boy

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

William Shipley

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Bessie Curry

Mother's  
Birthplace

A.A. Co. Md.

Name of person giving  
Information

William Shipley

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Diphtheria

How long

10 days

Immediate

Dilated Heart

How long

two hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

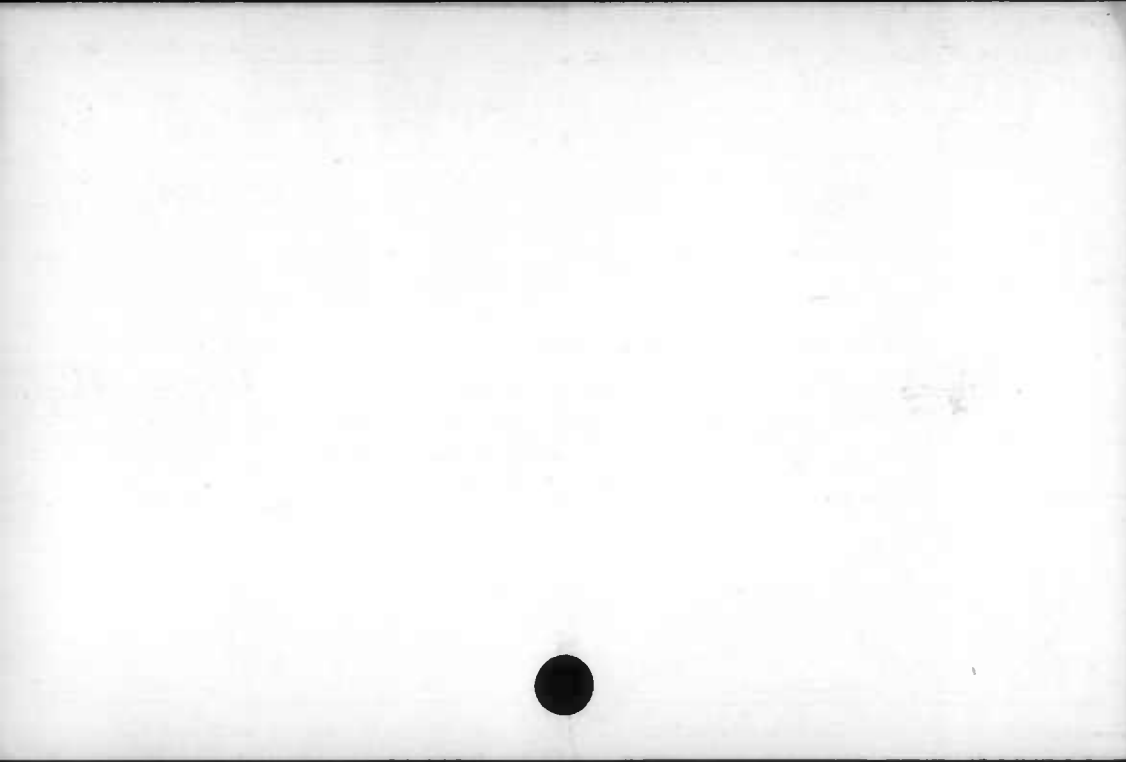
Address

J. Oliver Purvis  
Annapolis  
Md.

Accident or Suicide

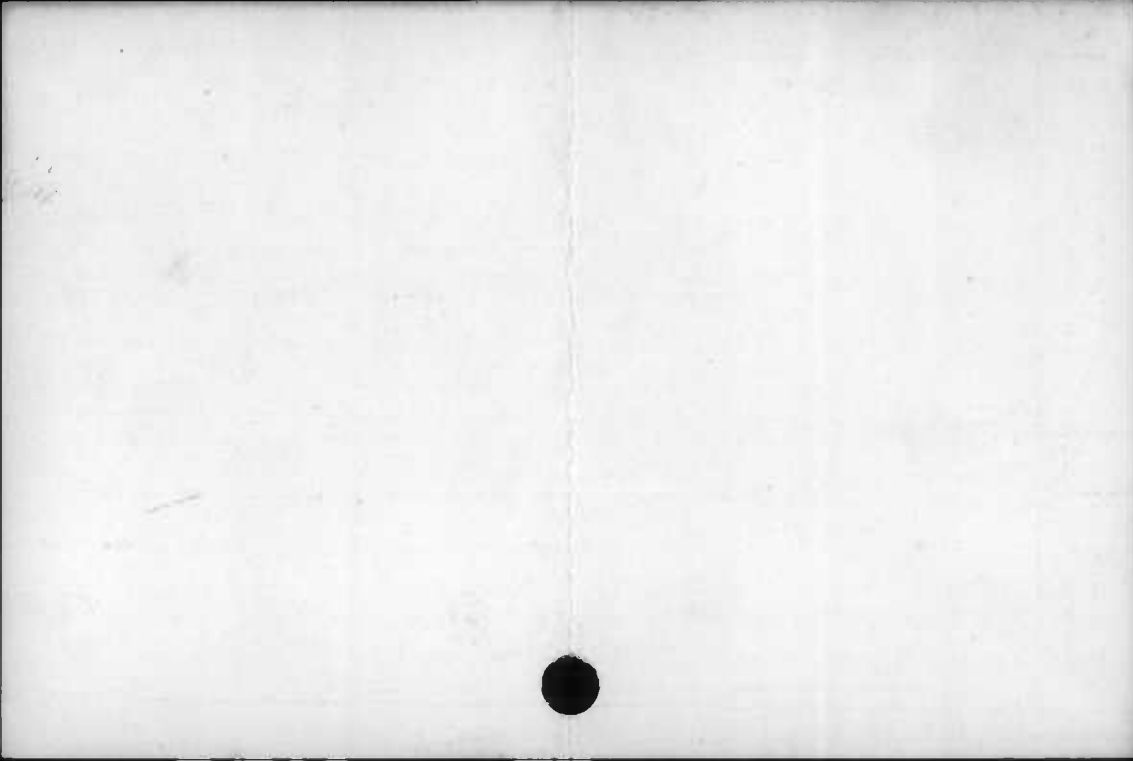
no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>South River</i> <small>Town</small>			<i>Anne Arundel</i> <small>County</small>		MARYLAND		
		Date of death <i>1908</i>		<i>12</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>52</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>21</i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chicago Ill</i>			
		Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed		Name of Wife or Husband <i>Jas Hansen Smith</i>					
		Father's Name <i>Geo Hartley Rankin</i>				Father's Birthplace <i>Calcutta India</i>			
		Mother's Maiden Name <i>Phoebe Anne Barrum</i>				Mother's Birthplace <i>Potdam St. Co. N.Y.</i>			
		Name of person giving information <i>Percy R Smith</i>			How related to deceased <i>Son</i>				
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Pulmonary Phthisis</i>			How long <i>a year or more</i>				
		Immediate <i>" "</i>			How long <i>—</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. A. Purvis</i>				
					Address <i>Annapolis Ind</i>				
		Accident or Suicide? <i>No</i>							

27



Name  
in  
Full

Wm Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

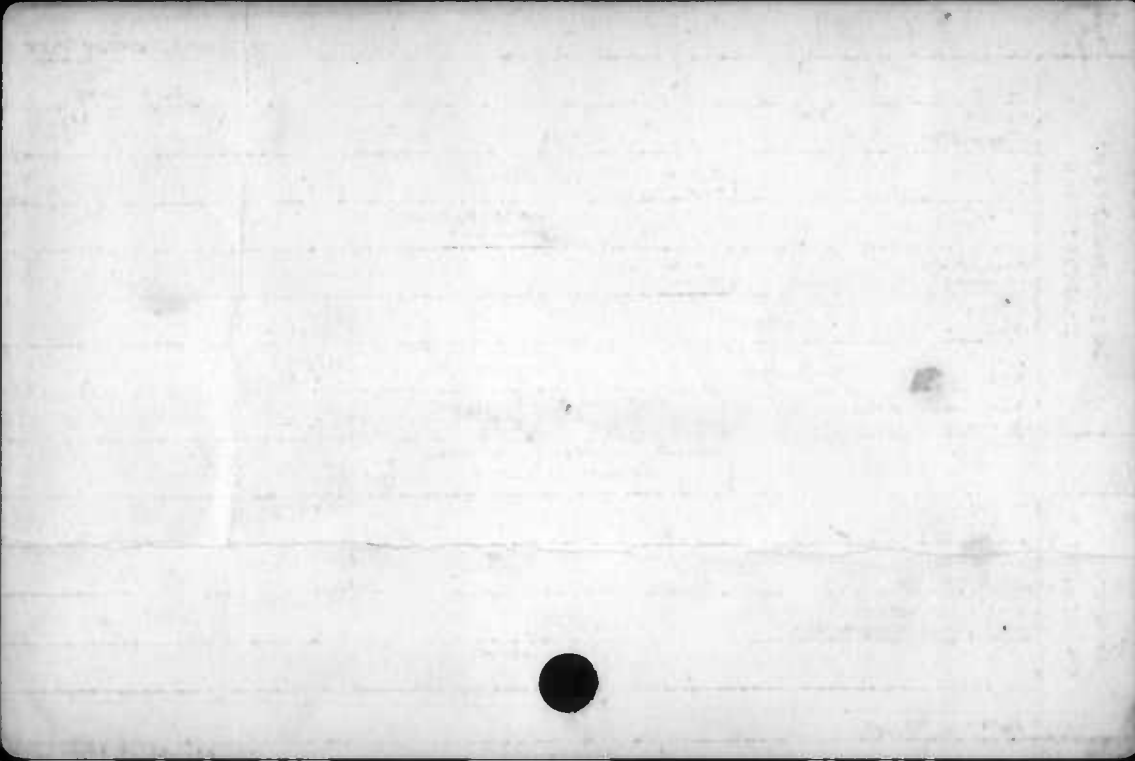
Died at <i>Crownsville</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>12</i>	Day	<i>2</i>
Age	<i>40</i>	Years		Months	
Sex	<i>male</i>	Color or Race	<i>African American</i>	Birth-place	<i>North Carolina</i>
Occupation	<i>Laborer</i>	Where Residing if not at place of death		<i>North Carolina</i>	
Married, Single or Widowed	<i>unknown</i>	Name of Wife or Husband			
Father's Name	<i>unknown</i>	Father's Birthplace		<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>	Mother's Birthplace		<i>" "</i>	
Name of person giving information	<i>Melvinia Grosier</i>			How related to deceased <i>none at all</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Natural Cause</i>	How long	
Immediate	<i>Probable cause consumption</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>as far as given</i>	Signature of Physician	<i>E. D. Joyce</i>
<i>Middlebrook</i>		Address	<i>Justice 7th St. Rain</i>
Accident or Suicide?	<i>Ind -</i>		<i>acting as Coroner</i>





Name  
in  
Full

Edith May Sprinks

## CERTIFICATE OF DEATH

MARYLAND

Died at *Lechester* Town *Lechester* County *Adel*Date of death *1908* Month *12* Day *22* Age *22* Years *2* Months *2* Days *6*Sex *female* Color or Race *white* Birth-place *Virginia*Occupation *infant* Where Residing if not at place of death *—*Married, Single  
or WidowedName of Wife or  
Husband*none*Father's Name *M. E. Sprinks*Father's Birthplace *Virginia*Mother's Maiden Name *Minnie M. Mock*Mother's Birthplace *" "*Name of person giving  
In formation *W. M. Whitmer*How related  
to deceased *Uncle*

## CAUSES OF DEATH

Primary *Probable cause Bronchitis*  
*Natural Cause*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician

Address

*J. H. H. H. H. H.**acting as Coroner*

Accident or Suicide?

*Millsville Md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Body removed to  
Clifton. Virginia

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

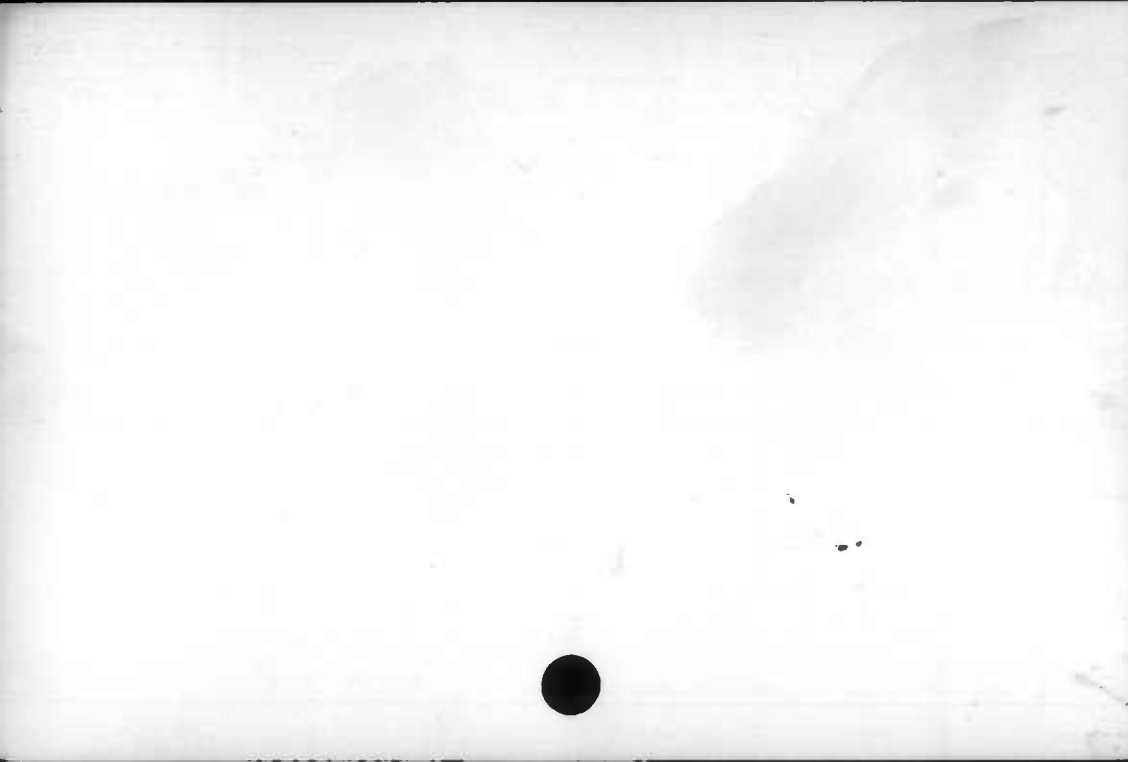
*Clarence Thompson*  
 Died at *Churchton* Town *Anne Arundle* County  
 Date of death 1908 *Dec.* Month *24th* Day Age *2* Years Months Days  
 Sex *Male* Color or Race *Colored* Birth-place *Churchton*  
 Occupation *none* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Single* Name of Wife or Husband *— none*  
 Father's Name *Clifton Thompson* Father's Birthplace *Churchton*  
 Mother's Maiden Name *Lehia Holland* Mother's Birthplace *Churchton*  
 Name of person giving Information *Clifton Thompson* How related to deceased *Father*

## CAUSES OF DEATH

105

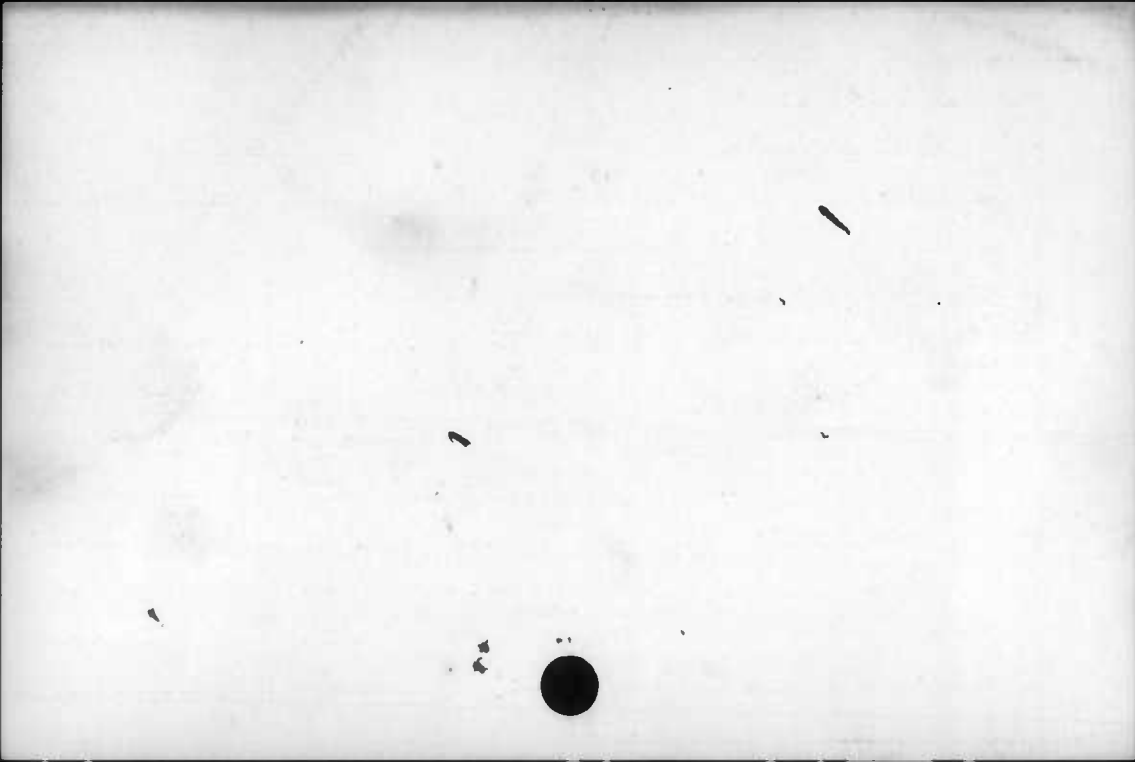
PHYSICIAN  
OR CORONER

Primary *Improper feeding Cholera Infantum* How long *2 weeks*  
 Immediate *Exhaustion Exhaustion* How long *36 hours*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *T. R. W. Wilson M.D.*  
 Address *Churchton Md.*  
 Accident or Suicide



Name in Full		Thompson.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churekton		A		MARYLAND	
	Date of death	1908	Month Dec	Day 30	Age —	Months —	Days 2
	Sex	Male		Color or Race	Colored		Birth- place
	Occupation	None		Where Residing if not at place of death		Churekton Md	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Edmond Thompson				Father's Birthplace	Md
	Mother's Maiden Name	Elizabeth Fountain				Mother's Birthplace	Md
Name of person giving In formation	Ed Thompson				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Umbilical Hemorrhage				How long	2 days
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Geo. T. Seub
						Address	Churekton Md
	Accident or Suicide?	—					

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Name  
in  
Full

Torbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

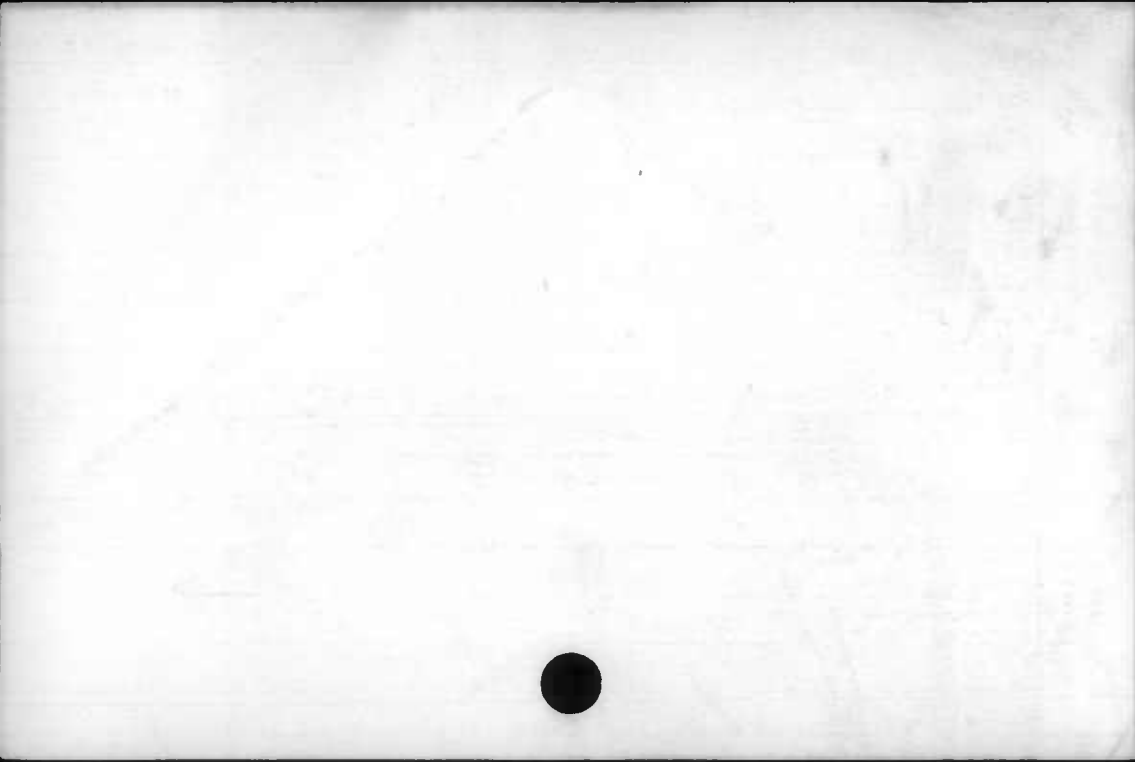
Died at <i>Annapolis</i>		Town		<i>A A Co.</i>		County		MARYLAND	
Date of death <i>1908 Dec</i>		Month		<i>14</i>		Day		Age	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		Months		Days <i>8</i>	
Occupation <i>None</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>Charles Torbert</i>		Father's Birthplace <i>A A Co. Md</i>							
Mother's Maiden Name <i>Mittell Jane Rose</i>		Mother's Birthplace <i>A A Co. Md</i>							
Name of person giving Information <i>Mittell Jane Torbert</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

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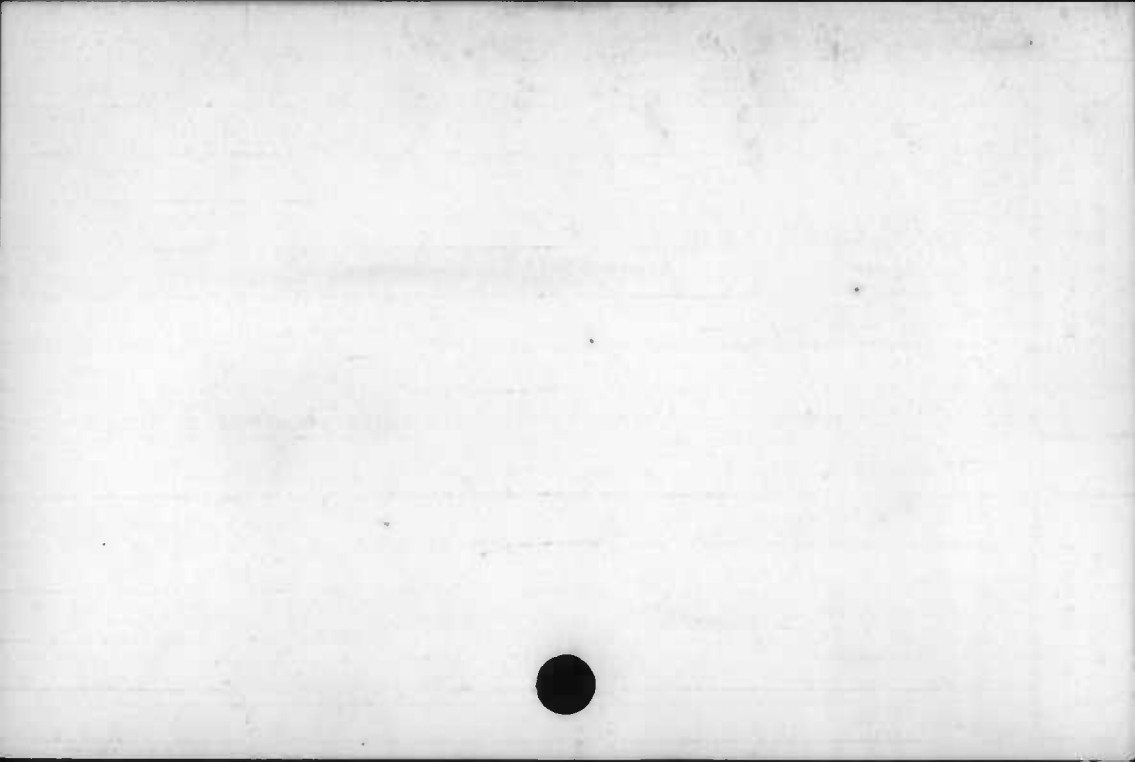
PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Infantile Convulsions</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Amrose G. Green</i>
	Address <i>12 S. 1st St. Annapolis Md</i>
Accident or Suicide	

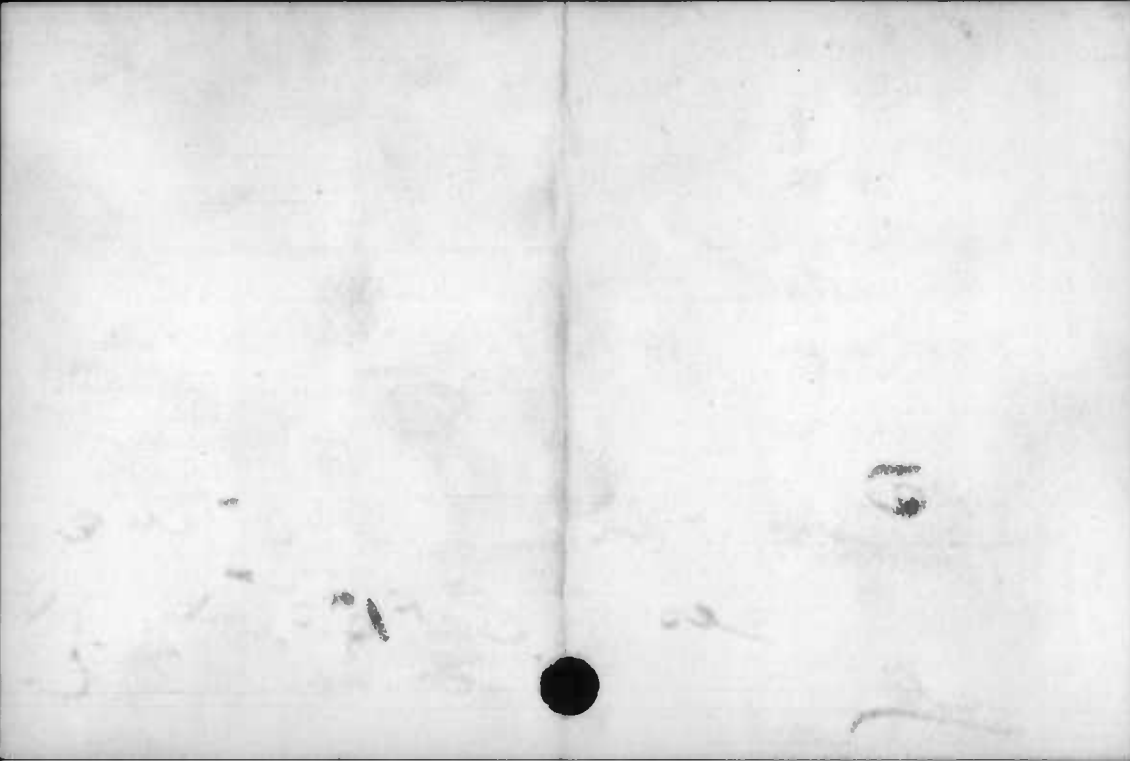




Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		German town		A & C		MARYLAND						
		Date of death		1908	Month	December	Day	1	Years	27	Months	5	Days	28
		Sex		Female		Color or Race		White		Birth-place		Maryo		
		Occupation		Housewife		Where Residing if not at place of death		Lumantown, Md.						
		Married, Single or Widowed		Married		Name of Wife or Husband		William H. Ward						
		Father's Name		George T. Gardner		Father's Birthplace		Maryo						
		Mother's Maiden Name		Elizabeth Jackson		Mother's Birthplace		Maryo						
		Name of person giving information		W. H. Ward		How related to deceased		Husband						
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Cholecystitis				How long		3 yrs.				
		Immediate		Exhaustion				How long		2 weeks				
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		Louis B. J. Swartz		
						Address				Annapolis, Md.				
		Accident or Suicide?				Neither								



Name in Full		Stanislaw Wierciszewski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Baltimore		A.A.		MARYLAND	
	Date of death	1908	Dec	1	Age	1	Months
	Sex	Female		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	+		Name of Wife or Husband			
	Father's Name	Stanislaw Wierciszewski				Father's Birthplace	Poland
	Mother's Maiden Name	Annie Wierciszewski				Mother's Birthplace	"
Name of person giving information	Stanislaw Wierciszewski				How related to deceased	Father	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Pneumonia				How long	93
	Immediate					How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. B. Fortin M.D.
						Address	So. Baltimore, Md.
Accident or Suicide?							



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chesapeake Bay off mouth of Magothy River* Town *off mouth of Magothy River* County *Anne Arundel* MARYLAND  
 Date of death 190 *8* Month *Dec* Day *1* Age *about 30* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Unknown*

Occupation *apparently oyster dredger* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Thomas Stalling* How related to deceased *Found body on Bay shore.*

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary *Drowning.*  
 Immediate *Body was found on the shore of St. Mary's Island*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Delville L. Dwyer*  
 Address *Johns Hopkins P.O. 2000*

Accident or Suicide *Unknown*

